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LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE XXV.

Of the Short Forceps. Means of determining whether the Embryoxpustic Instruments should not be used.

IF, Gentlemen, you have dexterity enough to make use of the long forceps, it will rarely happen that you will find it requisite to have recourse to those which are short. When the head of the child is so low down in the pelvis, that it lies within the reach of this instrument, in general it will be found, that no assistance of the instrumental kind is required; and I have observed already, that without a peremptory necessity, instruments are not to be used at all; and even in those few cases where there is, at the outlet, such deficiency of room, or other obstruction, as to impede the passage of the child, and to render it necessary to have recourse to instrumental assistance, should the long forceps be rejected, you will find that the instrument already commended, the vectis, or tractor, is sufficient to abstract the fœtus, so that in this case also the short forceps is not required. On this account it is, that it has rarely happened that I have had recourse to the instrument I now show you—an instrument, however, in some cases, and especially to those who are unskilled in the use of the tractor or long forceps, not without its advantage. This instrument is distinguished from the longer forceps by its brevity, whence it is denominated the short; this *forceps* being formed for seizing the head, when it is lying very low in the cavity of the pelvis, or at the inferior aperture.

In some cases the blades of this instrument may be applied, and with advantage too, over the face and occiput, in the way I shall hereafter demonstrate; the instrument, however, has been formed to lie upon the sides of the head, the lock being in apposition with the vertex, and the point with the chin, while the ears lie in the fenestræ—the head, in a word, being enclosed by the forceps, in the way I here demonstrate. Accordingly, if the head be of the standard and ordinary make, the short forceps, when applied to the cranium in this manner, will be found to fit exceedingly well.

Of the short forceps, different varieties have been recommended by different practitioners, but I forbear to enter into long disquisitions here, as the consideration of these many varieties would be a waste of your time and my labour. Breaking loose, however, from this intention for a few moments, on two or three kinds of the shorter forceps I shall offer a few remarks.

Dr. Hamilton, the able obstetric professor of Edinburgh, has proposed a pair of forceps, (the contrivance probably of his earlier practice,) of which I can by no means in candour approve. To omit the consideration of the shank-hinge here shown to you, the forceps, I may observe, is formed with a lateral curve, in the manner of the long forceps. This lateral curve, even in the long forceps, I am, on the whole, inclined to condemn; and, therefore, though I am provided with both instruments, in the long forceps most used in my own practice, the shanks are not incurvated, but straight. We have all, however, a different tact in operating; and to some I can readily conceive, that the curved long forceps may be preferable to the straight; yet, granting this—without the proof of arguments that are not yet come to my hearing—I never can allow that the *short* forceps derive any advantage from the lateral curve, which seems to me to render them less commodious. The object of curving the forceps laterally, is said to be that of protecting the perineum, by carrying the shanks of this instrument forward from this part towards the thighs. Now, to consider this a little: suppose the head is at the outlet of the pelvis, the face lying in the hollow of the sacrum, and the occiput lodging under the arch of the pubis, you apply

the short forceps. Suppose, moreover, your forceps are straight, you place them on the head, with the lock to the vertex, and the point over the chin, the whole length of the blade stretching across the sides of the head and the ear. Well, from this apparatus, you may perceive, that when your instrument, though straight, is properly applied in this manner, there is no approximation of the shanks to the perineum, so that the protection of the lateral curve becomes useless, the part being in no danger from the instrument, even when its shanks are straight. Apply now the curved forceps; in the same case, the shanks recede a little further from the perineum it is true, but the perineum was cleared before, and this additional retreat, wholly unnecessary, is no additional security. Or to take another case: suppose the head to be at the outlet of the pelvis, or near it, the face lying to the one, and the occiput to the other side; and suppose further, that you apply the short forceps, straight in the shank, and drawn down according to the rules which I shall presently prescribe. Why, when the head is in this situation, if the blades be placed in the usual position over the ears, one lying against the pubis, the other against the sacrum, you may observe that the shanks rest but little upon the perineum; and even if they bore towards the perineum more forcibly, under this application of the instrument, Dr. Hamilton's curve will not carry the shanks from the perineum. Let us demonstrate here: what is now the effect of the lateral curve—does it protect the perineum? No; it merely carries the handles of the forceps down to the side of the pelvis; from the perineum it don't remove the shanks one iota. So that to me it appears, the lateral curve, always more or less incommodious, is of little or no advantage to the perineum, whether the instrument be placed in the front and back of the pelvis, or on the sides. The short forceps, with lateral curve, therefore, I decidedly disapprove; if you use this instrument at all, give a preference to the straight.

Now, of the straight forceps, there are two forms which I think deserve your approbation, though much nicety in the shape of the instruments, is really not of much importance. The two forms of the forceps are those of Dr. Orme, and those of my predecessor Dr. Haighton, a man to whom I owe every thing that is good both in precept and example. Dr. Orme's forceps are to be commended for their exact adaptation to the sides of the head, and are formed with the blade and the fenestra so narrow, that, as you may perceive, the opening will scarcely admit the fore-finger. The main defect chargeable upon this instrument is, that when laid over the side of the head in the usual manner, the limbus (as you may here see) enlarges the cranium, where, if instruments really be required, it is generally already too large; I mean over the protuberances of the parietal bones. Now Haighton's instrument (I now show it) has the advantage of a large fenestra; the limbus, by which I mean the bar of iron forming the blade, and containing the fenestra—the limbus being made a little thinner; so that the protuberance of the parietal bones lying in the fenestra on a level with the limbus, or even projecting a little beyond, there is no addition of bulk over the protuberances, as this demonstration shows, and the head is not further enlarged, where in general, as before observed, it is already too bulky. If there be any defect in the Haighton forceps, it consists in the breadth of the blades, which is so great, that they are not very easily passed up through the genital fissure, and it has been complained of in this respect; but it is to be recollected here, that you are never to use this instrument, except where the softer parts are thoroughly relaxed, when the blades will pass with facility; if the softer parts are rigid, so that the introduction may be attended with difficulty, you ought not to make use of them at all.

The cases in which you may use the short forceps, are principally the three following: first, those cases in which the head is at the outlet of the pelvis, the face lying in the hollow of the sacrum, the sagittal suture bearing on the perineum, and the occiput lodging under the arch of the pubes—the position of the head, in ordinary labour, when the fœtus is upon the point of entering the world. The second case, somewhat different from the former, is that in which the head is descended to the outlet of the pelvis; but where the face is lying forward upon the symphysis pubis, the occiput and vertex bearing on the perineum and sacrum, and where, owing to the great pressure on the perineum and parts adjacent, there is great obstruction to the passage of the head. The third case of intermediate character is that which I here demonstrate; here, as before, the head lies in the cavity of the pelvis, but the face is lying towards the one, and the occiput towards the other side, that turn or partial revolution of the cranium which precedes delivery, and places the occiput under the arch of the pubes, being as yet unaccomplished. Under all these three positions then, the cranium being descended into the cavity of the pelvis, the use of the short forceps may be required;—when the face lies in the hollow of the sacrum; when it lies forward, and when it lies to the one or the other side.

There is nothing easier than to use the short forceps in the first and simplest of these cases; where the head is at the outlet

of the pelvis, and the face is in the hollow of the sacrum, and the occiput lies out under the arch. The accoucheur taking one or other blade of the short forceps, for if there be no lateral curve, choice is unnecessary, he passes up two of the fingers of his left hand between the vagina and the child's head, on the left or under side of the pelvis, so as to feel distinctly the ear, always of ready access when the head is thus low down in the pelvis. This preparatory measure taken, he then, with the right hand, gently insinuates the blade between the fingers and the cranium, placing the point over the chin, and the lock over the vertex, the position of which parts he has previously ascertained. Well, in this manner, with the utmost gentleness, having placed the blade on the head, he keeps it in that position with the thumb and two fingers, while he interposes the other last two fingers, the first and second, I mean, of the left hand, between the vagina and the cranium in the right or superior side of the pelvis; and, as before, with the right hand, he carries up the second blade in apposition to the former, the lock being apposed to the vertex, and the point to the chin, and the two blades being placed in correspondence with each other, so as to secure the head. Thus, then, the head being secured in this manner, and care being taken to include no portion of the perineum, the practitioner waits for pains, if there be any expectation of them, and then recollecting the perineum, which is on the stretch and in danger of laceration, he leads the head forward a little, pauses, examines, and observes the pulse and the countenance; afterward, as pain recurs, with caution and gentleness repeating his attempts. Beware of pressing the head too forcibly between the blades, lest you crush the head and bruise the cerebral mass. Make no pressure upon the head, except when drawing. Abstract the head gradually by little and little. In making the effort, be very careful to draw towards the symphysis pubis and the thighs, so as to keep clear of the perineum as much as may be. The grand danger to be apprehended in performing this operation is, the laceration of the perineum. Watch—beware; security may sometimes require the inspection of the perineum, but this is rare. Without much exposure, the object may, if necessary, be accomplished.

The second case already mentioned, also admitting the use of the short forceps, is that in which the head is at the outlet of the pelvis, with the face on the symphysis pubis, and the occiput on the sacrum, the sagittal suture bearing on the perineum. Now in this case, for the safety of the woman, I do believe you will often find it better to lay open the cranium, as the forceps may bruise—tear; and after all, perhaps, abstract a dead child. But before you have recourse to so dreadful an instrument, only not murderous, you should make every prudent attempt to liberate the child uninjured, whether by the lever or forceps. Applying the short forceps, then, in the same manner as before, with the lock on the vertex, and the point over the chin, and including the head in this manner, you draw down, careful, as you draw, to throw the chin on the chest, and to bear the occiput from the perineum and sacrum, as you will perceive I am now doing, and leading it as much as may be towards the thigh; all which may be very easily effected. Besides this method, however, there is yet another, in which the delivery may be accomplished, and that is, by *rectifying* the position of the head. Including the head, as before, in the forceps, you turn the face a little to one side, before you draw down; then, pausing awhile, you again turn the face a little more to the side of the pelvis, and draw, very careful of the perineum, until you gradually and safely work the face into the hollow of the sacrum. When the unfavourable situation being rectified, the head comes away easily enough, probably under the natural efforts, unaided by further instrumental assistance.

The grand *error* in this case to be avoided is, the making such pressure on the softer parts, when the head is abstracted, as may occasion sloughing or laceration of the perineum; more especially when the softer parts are greatly distended, or when the head is extraordinarily large; the fœtus too frequently dying in consequence of this pressure; and hence the remark with which I opened; I mean, that in cases of this kind, I am not sure that it will not often be the wiser practice to sacrifice the fœtus at once, by laying open the cranium, as we may thus preserve the person of the mother from these formidable injuries.

The third case in which I may demonstrate the use of the short forceps, is that in which the head is at the outlet, as before, the face lying to the one, and the occiput to the other side. In a case like this, it is rarely necessary to use instruments at all; but want of room, or a failure of pains, or a large and unexpected eruption of blood from the uterus may render the use of instruments necessary. In cases of this kind you may apply instruments in two ways: you may lay the forceps in the sides of the pelvis, over the face and occiput; after which you may gently place the face in the hollow of the sacrum, and the occiput under the arch; subsequently cautiously abstracting the head, with or without the application of the forceps, in the usual manner, over the ears. Or, instead of operating in this manner, you may, if you please, apply the instrument from the first, in the ordinary

mode, over the sides of the head, and this you should always do where you can, the blades being made to fit the head in this manner. If, however, you apply the forceps in this way over the ears, in the case under consideration, you must place one blade in the front of the pelvis, and the other behind, where the ears are lying, proceeding on the principles already laid down for the use of the instrument in the sides of the pelvis. For this purpose it may be convenient to introduce first the blade, which is to be interposed between the cranium and the front of the pelvis. The method of operating I here demonstrate. Having secured the head, in this manner you draw down, and conducting the face into the hollow of the sacrum, gently, gradually, and with great care of the perineum, you deliver as before.

The turning of the face by mistake into the front of the pelvis instead of placing it on the sacrum, is a principal error against which you must guard in managing these cases. When you have secured the head, remember that you are to turn the face into the hollow of the sacrum, and afterwards abstract the fœtus in the ordinary way. Doing the reverse of this, you throw the occiput into the hollow, and thereby create the very difficulty before considered, and which it is so necessary to avoid. If you will give nature fair play, as you draw down, I believe you will generally find that the face will, of itself, turn round upon the back of the pelvis, or, at all events, that only small and gentle assistance will be required.

There is one other *error* which you may commit in using the short forceps, most extravagant it is, and tremendous as extravagant; I mean the introducing of one blade into the rectum and the other into the vagina, the gut becoming enclosed in this manner between the blade and head, the error is possible, but is scarcely pardonable: the man who is guilty of such enormity, ought to relinquish the name of an accoucheur.

I will send you round a preparation of the perineum, where the genital fissure and the anus are formed into one aperture: repeatedly have I seen this accident—be cautious therefore.

Rules for determining whether the Embryospastic Instruments should or should not be used.

The practitioner who has a moderate share of mechanical genius—who understands moreover, thoroughly, the process of examination—and who, as every accoucheur ought to do, has acquainted himself with the general obstetric anatomy of the pelvis, the child, and the softer parts in connexion with the pelvis—such a practitioner, with the help of a little experience, can, I conceive, find but very little difficulty in using the embryospastic instruments. To mere dexterity in the use of these instruments, therefore, I would give but small praise. Nay, sometimes the most intellectual accoucheurs are, perhaps, the very men who are the least skilful in the use of these instruments; for never using them unless peremptorily required, (if not engaged in a consultation practice,) they can have but very rare occasion to administer them. In truth it is not so much in the use of instruments, as in the selection of those cases in which the use of instruments is really required, and in the determination of the precise moment when we ought to interpose with instrumental help, that the judgment of the practitioner appears.

The worst of consequences arise, no doubt, from the neglect or rejection of instruments, where they are really demanded by the nature of the case; bruises, sloughings, inflammations, suppurations, and the death of the mother, and the death of the child, may all be the result; nevertheless, the cases in which patients may suffer because instruments have not been employed when they have really been required, are by no means frequent in their occurrence, and therefore it is impossible for men, in general practice, to err frequently even in abstaining altogether from the use of instruments in all cases. Really, if you go down into the country, even without the lever and forceps, you may be in practice a considerable time before you find your need of them; though, as your circle of action enlarges, you are likely to feel the want of these arms at last. If you must err, then, take my advice, and err rather by the neglect or rejection of instruments than by their too frequent use, for the cases in which you may use instruments without need, are as numerous as the cases that may fall under your care, with the exception of the *very, very* few in which these weapons are really required. In the common course of practice, great evil results from using instruments where they are not required: young men, who feel they have skill enough to manage these implements, sometimes feel, too, a prurient propensity to have recourse to their use. When, however, you lay your hand upon the tractor or forceps, remember that the accoucheur who is meddlesome may be guilty of occasioning laceration of the perineum, rupture of the vagina, compression and death of the child, inflammation of the abdomen of the mother, and many other fatal consequences, which I have myself had occasion to see; a list of offences, surely, sufficient to alarm the prudent.

To individuals it is no doubt an advantage that obstetric instruments should exist, though to the sex at large it is, perhaps, an

evil and a curse; for, if we were to take the aggregate of all the evil and all the good which results from the use of instruments, I do believe it would be found that the total evil has considerably exceeded the advantage derived from this artificial assistance. It is therefore of the utmost importance to you, not merely to learn to use instruments, for if unskilful in using them, in a large town at least, you may often procure assistance; but it is of the highest importance, that you should, moreover, learn to know the cases in which the use of them is required, so that, whether you operate yourself, or choose to put in requisition the assistance of others, you may be able to select cases which are fitting, and to ascertain too the proper moment for action; now to the consideration of this point I next proceed.

If an accoucheur of much experience, engaged in a very large practice, can administer the lever with great dexterity, I could pardon him for using this instrument occasionally to save a little time, provided he feel fully satisfied that he can operate without injury either to the mother or her offspring. A sort of amnesty may, I think, be extended to the man who does this; yet, after all, the practice is not to be commended; and, as to the administration of instruments pragmatically and officiously, and where any danger may result—*absit*—you are all agreed, I presume, that it ought never once to be thought of. Again:

In consultation practice, you will sometimes be called to cases in which the friends are anxious; and the practitioner is worn out by harassment of many hours at the bed side, with a mind full of perplexity; the patient herself, especially if she has been delivered by instruments before, is importunately desirous that instruments may be employed again. In cases of this kind I have myself, in some instances, had recourse to the forceps, and delivered the woman with safety; nevertheless, I have considered myself culpable for so doing. The mere desire of the woman, or of the accoucheur who has been previously in attendance, or of the friends themselves, furnishes no sufficient reason whatever why you should use the instruments, for life may be at stake, and you are not to recommend instruments in an adulatory manner, merely to flatter the feelings, but because, in reason, you perceive that they are peremptorily required.

When women are narrow in the pelvis, it sometimes happens, that they have been repeatedly before delivered by the use of the lever or forceps; six or eight children, perhaps, having been born, all of them under *instrumental* practice. Now, if a skilful and forbearing accoucheur, one not meddlesome, have been in attendance upon the woman, this is a strong presumptive argument why you should use instruments again; but, after all, it is only a *presumptive* argument, deserving to be considered as a *make-weight* in the scale, but nothing more. A woman may have borne six children, all under the use of instruments, and yet the seventh may not require their employment, because the child, born prematurely, may be of small size; because, too, it may be one of twins or triplets; because, from other causes, it may be unusually soft and small.

When engaged in practice, you will, no doubt, feel disposed to determine respecting the necessity for instrumental aid, by making your measurements of the pelvis. In the preliminary lectures, I endeavoured to explain to you how the pelvis is to be measured; nor would I have this measurement more especially at the brim, between the symphysis pubis and the promontory of the sacrum, to be neglected. Nevertheless, I have the satisfaction to tell you, and I say *satisfaction*, because the declaration implies a diminution of difficulties, that it is *not* by the nicer measurement of the pelvis that you are to decide upon those cases in which you are to use the embryospastic instruments. If the pelvis be contracted, or distorted in a high degree, you may often, on examination, ascertain, at once, that unassisted delivery is impossible; but, in general, when the tractor or forceps are proposed, the contractions are small. Now, in these nice cases, to determine within a line or two what is the measure of the pelvis, must often be a point of difficulty to the experienced, and, not infrequently, beyond the skill of an ordinary practitioner; and, moreover, if the pelvis be measured with unhoped-for exactitude, we must still remain in doubt as to the bulk of the head, which is very various. It is true, indeed, that this inquiry might be ascertained by carrying the whole hand into the uterus; but then this is an operation of danger, and should never be had recourse to if avoidable. On these accounts therefore, although, certainly, the examination of the pelvis ought not to be neglected, I should not advise you to take principally from these measurements the determination whether you will, or not, have recourse to instruments.

The appearance of any dangerous symptoms is sometimes adduced as an argument for the use of instruments, and I allow its force, provided the symptoms arise from the prolongation of the labour; and delivery seems to be the only effectual means of overcoming those dangerous symptoms. If there is tenderness of the abdomen; collapse of the strength; irritability of the nerves; restlessness; a rising pulse, mount-

ing from 110 to 120, 30, or 40, in the minute, all these are certainly strong arguments for having recourse to instruments. It was only the other day I was obliged to make use of the long forceps; the woman had been in labour for thirty-six hours, and dangerous symptoms beginning to manifest themselves, I felt myself compelled to deliver.

The mere prolongation of the labour, too, is certainly a reason, and a good one, for the use of instruments. You should measure the term from the dilatation of the os uteri and the discharge of the liquor amnii, that being the epoch, or time, at which the heavier pressure begins to bear upon the softer parts; after which, therefore, this pressure is likely to become injurious. Now, it may be laid down as a sort of general rule, that no woman should be left in strong labour for more than twenty-four hours after the discharge of the waters; I say in strong labour, *after the discharge of the liquor amnii*, for if the water be not escaped, and no dangerous symptoms are apparent, it matters little whether she have been in labour for a week, or a day; in the ordinary course of things, no danger need be apprehended. But if, after discharge of the water, the woman have been in strong labour for twenty-four hours, she ought to be delivered on two accounts: first, because after fruitless labour for twenty-four hours, subsequently to the discharge of the water, it is unreasonable to expect that the natural efforts will expel the child; and, secondly, because where labour is suffered to run on beyond a certain time, even though no dangerous symptoms have yet appeared—of a sudden, sometimes, when all seems fair and smooth, the vessel strikes and founders; the pulse rises to 130 or 140 in a minute, the countenance falls, and speedily, or in a few hours afterwards, the woman dies. In these cases there are usually extensive bruisings, and now and then very extensive lacerations, of the womb.

And thus much, then, respecting the general indications, which are pointed out as the criteria marking the necessity of having recourse to instruments. I have communicated them all, not with the purpose that you may be guided by them, for I shall give you my own indications presently, but rather to prevent you from being misguided. The prolongation of the labour, and the attack of dangerous symptoms to be effectually relieved by delivery only, I look upon as a valid argument in support of the use of instruments. But the convenience of the accoucheur, the wish of the patient or friends, the use of instruments in former labours, the measurement of the pelvis, are all inconclusive reasons, and will not alone bear you out in the recommendation of instrumental assistance. But here methinks I here it said—as you tell us that there is so much importance in selecting the proper moment for the use of instruments, can you prescribe for us no plain rule, by the observance of which the novice in midwifery may be kept near the line of correct practice? This question, I think, I can answer affirmatively. The rule, which I have repeatedly taken occasion to mention even in preceding lectures, and which you will probably recollect on recital, is—that if a woman have not been in labour for four-and-twenty hours after the discharge of the liquor amnii, and if no dangerous symptoms are manifest, you ought not to interfere: Why should you? Why not wait? A meddlesome midwifery is bad. But, on the other hand, if the patient have been in strong labour for four-and-twenty hours, or, independently of this strong labour for four-and-twenty hours, if dangerous symptoms are apparent, to be relieved effectually by delivery only, let your tractor or forceps be employed; for although it be true, that the use of them is at all times an evil, yet, under these circumstances, to use them is a smaller evil than to refrain. But further, there may be cases of intermediate character, in which the arguments for delivery, or the contrary, may be so very nicely balanced, that, notwithstanding the rule prescribed, it may not be very easy to take your resolution. What then is to be done here? Why, Gentlemen, in this dilemma, the degree of your instrumental skill should decide, and, if you are dexterous, determine the point in favour of instrumental delivery—if unskilful, refrain.

Here then is the rule I would lay down, after as much consideration as I have been able to give the subject, and which I would recommend you to follow to the exclusion of all the others, until you have formed for yourselves a better. If the woman have not been in labour for four-and-twenty hours, and dangerous symptoms do not appear, beware of instruments; if she have been in labour four-and-twenty hours, or if dangerous symptoms manifest themselves, then give instrumental assistance; and, lastly, if the case be dubious, so that it is doubtful whether instruments ought to be employed or not, then, provided you are skilful in handling instruments, make use of them if you please; but should you be wanting in dexterity, then give a fair trial to the natural efforts, and if they fail you, have recourse to further assistance.

FOREIGN DEPARTMENT.

MAY VISION BE PRESERVED, NOTWITHSTANDING THE DESTRUCTION OF THE OPTIC NERVES?

BY M. MAGENDIE*.

We have given an account in this Journal of an experiment which clearly shows, that the fifth pair of nerves is the principal organ of the general sensibility of the head, that it is positively the agent of smell, and that the senses of vision and hearing are dependent on it for a peculiar kind of influence, their special sensibility. Hence, when the fifth pair is divided on both sides, the animal loses its sight, notwithstanding that the iris is still acted on by the sudden admission of light. But, although analogy might lead us to suppose, that the fifth pair could even temporarily supply the action of the optic nerve, some facts have recently come under our own observation, which set the matter beyond doubt.

AMAUROSIS; DEVELOPMENT OF A CYST BEHIND THE COMMISSURE OF THE OPTIC NERVE.

On the admission of the patient into the Hotel Dieu, the pupils were very much dilated; the right possessed slight motion, the left none. The power of the left eye was completely destroyed, but the right retained the power of vision in a slight degree. It was about eighteen months that the patient, whose business was that of writing, had been obliged to give up his occupation, on account of violent pains in the head and gradual loss of sight. The usual means were resorted to, but without any relief, and the patient one day expired suddenly; a few days, however, before his death, he could see objects distinctly.

Inspectio cadaveris.—Between the decussation of the optic nerve, and the pons varolii, in fact within the circle of Willis, there was a cyst of the size of a hen's egg, partly fibrous, and partly osseous in its structure, which corresponded to the tractus opticus. The cyst was filled with a yellowish matter, mixed with blood. Laterally and superiorly the cyst corresponded to the optic nerves, which it had flattened and nearly destroyed. The remains of the nerves adhered internally to the cyst, by the cerebral matter, and anteriorly were lost in a white spot on the osseous part, which corresponded to the commissure. Still nearer to the optic foramina, the nerves were found in a state of atrophy. There was no trace of the pituitary gland. The retina was thin, red, and nearly transparent.

There are some points worthy of attention in this case; the patient could see objects distinctly a few days before death, and there was nearly complete interruption of the optic nerve from the brain to the eye. The optic nerves were also in a state of atrophy anterior to the cyst, and the retina was thin and transparent, appearances which are only observed in individuals who have been blind for many years, and in whom the optic nerves have not suffered any diminution of size, or any apparent alteration in their central medullary part. The same phenomena may be observed in mammalia who have become blind, and in whom there is no apparent alteration of the optic nerve. In birds, on the contrary, loss of sight is followed in fifteen days by atrophy of the optic nerve. If we admit, therefore, as true, the preceding account, it is scarcely possible to attach in that the exercise of vision to the retina, since, on neither side, was it in a fit state to act. We must, therefore, have recourse to the fifth pair, to understand how the impression of light was transmitted to the brain. I am aware that this conjecture may appear strange to most of my readers, who have been accustomed to regard the optic nerve as essential to vision as the heart is to the circulation. I must, however, state, that my experiments (Journal de Phys., vol. iv.) on the optic nerves were not favourable to this opinion, for if a nerve be divided in the cranium, anterior to its decussation, the eye of the same side does not act. And, lastly, if the point of decussation itself be divided on the median line, the animal becomes completely blind. From these experiments, then, it is evident that the optic nerve is indispensable to vision, but then here the lesion of the nerve is sudden, whilst in the case related, its alteration was slow.

Case.—A woman, seventy years of age, who had died of some complaint unconnected with the nervous system, was brought into the theatre at Salpetriere to be examined. For a long time she had been blind on the right eye, and the lens of this side had been opaque; she had been able to see on the left side. The right optic nerve was of the usual size; that on the other side was much smaller, thin, and in a state of atrophy. This alteration was so distinct, that those who were present imagined that the person must have been blind on the right eye.

We do not see how either of the above cases goes to prove that the power of vision is not dependent on the optic nerves; in the

* Journal de Physiologie, Jan. 1828.

first case, the optic nerves were not completely destroyed; and, in the second, although vision was more perfect on the side where the optic nerve was affected than on the other where it was not, still there was a very apparent cause in the right eye, perfectly independent of the nerve, viz., opacity of the lens. M. Magendie regrets that he was not present himself at the examination of the last case.

A CASE OF SUFFOCATION PRODUCED BY THE PRESENCE OF A LEECH IN THE LARYNX.

BY DR. LACRETELLE.*

A soldier suddenly felt a sense of suffocation, and the surgeon of the regiment was sent for in great haste. The fact was, that passing through a country during great heat, the men drank, without the least precaution, in most of the streams, or even pools, which they met with. We found our patient with a red and swollen face; his mouth frothy, his eyes turned up, and his breathing almost entirely suspended. After this paroxysm, he came to his senses; he soon fell, however, into the same state. No symptom of apoplexy was present; his breathing only appeared embarrassed, and the obstacle which opposed the entrance and exit of air, appeared to us the sole cause of all these symptoms. On attemping to answer any questions, a fresh paroxysm came on, and he was compelled to desist. The introduction of a foreign body into the trachea, appeared to us as the probable cause of his sufferings, hence we decided on performing laryngotomy. Whilst we were making preparations for this operation, our patient breathed his last.

On opening the body, we discovered a leech in the right ventricle of the larynx; it was only with great trouble, that we detached it from its situation. Its body, rather large, obstructed the glottis, and rendered the entrance of air, by this opening, almost impossible.

OPENING OF THE FORAMEN OVALE, WITH GENERAL CONTRACTION OF THE AORTA AND ARTERIES, WITHOUT CYANOSIS.

BY M. MIGUEL.†

This case tends to prove, that the blue disease does not depend on the communication of the right with the left cavities of the heart, and confirms what MM. Fougier, Breschet, Marc, &c., have published on this subject. This is a case of a man thirty-six years of age, who entered the Hospital of Charité in 1826, under the care of M. Cayol, for difficulty of breathing, and continual sense of suffocation. His countenance was of a bluish colour; great pain in the heart and head, accompanied with strong beatings of the heart and arteries, which lasted for about a minute; he then became pale, and fainted. He experienced much less pain after blood-letting; and he asserted that, in six years, more than six thousand leeches had been applied, and that he had been bled about seventy-one, or two times. This disease terminated in dropsy. There was a dull sound in the region of the heart; the pulse small, unequal, intermittent, which was a contrast with the great violence of the heart's pulsation; the extremities were cold; breathing was short, laborious, but there was no violet or blue colour in the lips, cheeks, or any other part of the body.

From these symptoms, Mr. Cayol thought that there was *considerable hypertrophy of the left ventricle, with contraction of the orifice of the aorta, by a commencement of ossification of the sygmoid valves.* After remaining in the hospital fifteen days, the man died in a state of suffocation. On opening the body, the heart was found to be of twice its natural size; the parietes of the left ventricle and the auricles, were doubled in thickness and capacity; the two auricles communicated together by an opening of the size of half a crown, thin, and rounded; this was evidently the foramen ovale, not obliterated. The pulmonary veins were dilated; the aorta, and all the arteries of the body were, on the contrary, of smaller size than usual.

CASE OF HEMATEMESIS OCCASIONED BY A LEECH IN THE STOMACH.*

BY M. VANDERBACH.

A soldier, after having experienced for fifteen days pain in the stomach, accompanied with vomiting of blood, *felt something* which ascended along the œsophagus, and which attached itself to the left side of the pharynx, producing a tumour which impeded deglutition and respiration. The vomiting ceased a little; but the patient continually expectorated, and his expectorations were mixed, both with black and red blood: two days after, when the patient was lying down, he was awakened by a sense of pain in the pharynx, as well as in the back of the fauces; he introduced his hands to this spot and drew out a leech, which was alive. The patient stated, that he had drank several times from streams, but he had never observed any foreign body in the water. From this time the symptoms all disappeared.

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* Gazette de Santé, 25 Fevrier, 1828.
† Revue Medicale

* Journ. Univ.

LONDON MEDICAL SOCIETY.

April 14, 1828.

Dr. Haslam, President, in the Chair.

HYSTERIA.—FRACTURE OF THE CERVIX FEMORIS.

The subject of hysteria was resumed.—Mr. Shearley remarked that the term hysteria was properly applied to a certain concatenation of symptoms, which symptoms being dependent upon various conditions of the system, of consequence require a diversified treatment.

Dr. Haslam observed that Celsus has treated of hysteria under the epithet—*morbus vulvæ*, making a natural and important discrimination in this variety of the disease, and recommending the abstraction of blood.

Dr. L. Stewart inquired whether hysteria is confined to the female sex.

Mr. Waller was of opinion that the disease consists essentially in an irritable condition of the brain and nerves, induced by various remote causes.

The discussion upon hysteria here terminated, and the Registrar proceeded to detail a case of fracture of the neck of the right femur. The subject of the accident was a woman, 62 years of age, and the injury occurred from falling on the right side; the usual characteristics of fracture of the cervix femoris were present in a marked degree. As the woman was in a declining state of health, the only means adopted was simply confining her to bed, and she sunk at the expiration of two months. It was ascertained that about two years and a half previously, she had met with an accident to the left hip, by which she was confined for some time, and remained lame afterwards; the limb being shortened, and the foot everted. In the post mortem examination, Mr. Field removed the upper part of each thigh-bone with its acetabulum, and these preparations he submitted to the inspection of the Society.

Mr. Amesbury said that he considered the preparations to be of a very important description, inasmuch as they tended to throw some light upon a much disputed point—fracture of the cervix femoris. He believed that one of the preparations showed a fracture within the capsule, united by bone, and the other, where the injury had been more recent, exhibited appearances which further tended to confirm the possibility of such an event. In both accidents, considerable retraction of the limb and eversion of the foot, immediately supervened; on the left side, where the first injury took place, there appeared to be shortening of the limb to the amount of two inches, or two inches and a half, and on the right side the shortening was about an inch and a half. Mr. Amesbury went on to say, that in looking at the two preparations it would be seen that the relative situations of the heads of the bone with respect to the shafts were very different; in the old case, which he considered as a fracture united, the neck of the bone was absorbed, and the head rested upon the trochanter minor; in the more recent case, the neck maintained the natural oblique line as regards the shaft. The head of the bone in the latter case, Mr. Amesbury contended, was at the distance of two inches from the lesser trochanter, clearly evincing, in his opinion, that the position of the bone in the former case arose from accident, and not from disease. On the upper surface of the neck of the left bone, Mr. Amesbury said, there was seen a projection indicating the natural direction of the neck—in the longitudinal section of the bone was seen a line of dense bony matter, showing the natural direction of the lower part of the neck, the shell of which part extended upwards, passing into the cancellated structure of the head. But, as the greater part of the callus which joined the surfaces had become cancellated, it appeared like the other parts of the natural internal structure of the head and neck of the bone. The head of the bone, in both cases, was connected to the capsular ligament by strong bands of ligamentous matter, similar to those observed in Mr. Chonley's case, and from the circumstance of these bands appearing also in the more recent case, in which no bony union had taken place, Mr. Amesbury inferred that they were formed as a first step on the part of nature, in order to fix the parts prior to the commencement of ossification.

After the preparations had been handed round, and minutely inspected, several members expressed their opinion, that with respect to the left femur there was no evidence of fracture of the neck presented in the appearance of the bone; but, that the falling down of the head of the bone was the result of disease, and not of accident. Mr. Amesbury, having been called upon to say whether the ordinary symptoms of fracture of the cervix femoris were present in the first accident, admitted that he was in possession of no positive evidence; it had been reported to him, by the friends, that the limb became shortened and everted, immediately after an injury similar to the last, which he witnessed. It was admitted, on all sides, that the evidence was unsatisfactory in the extreme; and in respect to the "bands" alluded to by Mr. Amesbury, it was urged that they were not adventitious substances, but simply portions of the capsular ligament. Mr.

Amesbury, although *wise* in his opinions, supported his ground; he put it to his opponents if they denied that fracture had ever taken place in the left femur, to show in what manner the head of the bone had assumed its unnatural situation, seeing that the direction of the neck of the right femur was natural.

[In the course of the evening it was announced from the chair, that a general meeting of the members would take place on Monday next, for the purpose of determining upon the propriety of presenting a petition to Parliament on the supply of bodies for the purposes of dissection.]

April 21, 1828.

Dr. Williams in the Chair.

The important nature of the subject brought before the Society this evening, produced a very full attendance of the members.

Dr. Clutterbuck pointed out, in a forcible manner, the disadvantages and impediments which at present exist in the cultivation of the science of anatomy; he observed, that at the time he was a pupil, subjects could be procured at the price of two guineas; whilst, at the present time, twenty guineas, or more, are paid, and the bodies are obtained with the greatest difficulty. The consequence of this, Dr. Clutterbuck remarked, is, that students, with limited means, omit the study of anatomy, whilst others go abroad, where subjects are readily procured, and at a cheap rate. The worthy Doctor concluded by moving, that a petition which had been drawn up by the council, and intended to be presented to the Commons, should be read.

The Registrar then read the petition, and a lengthened debate arose upon it; Mr. Kingdon, Mr. Cook (late of Exeter,) and other members, objecting to the petition on the ground of its referring almost exclusively to the hardships experienced by *teachers*, in the want of subjects for dissection. It was at length moved by Mr. Lambert, that a part of the petition to the above effect should be omitted, and this having been agreed to, together with some verbal amendments, the following petition was ultimately adopted.

To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

The humble Petition of the undersigned, the President, Council, and Fellows, of the Medical Society of London, established in the year 1773.

Showeth,—That the perfection of medical and surgical science is founded upon an intimate and minute acquaintance with the structure and functions of the human body.

That the requisite knowledge of anatomy and physiology can only be obtained by the frequent inspection and constant study of the dead human subject.

That an adequate supply of dead subjects is indispensably necessary to enable the teachers of medical and surgical science, to explain to students the complex structure and varied functions of the animal frame in health, and the innumerable alterations effected in it by different states of disease.

That the physicians and surgeons of this kingdom are altogether prevented from obtaining such adequate supply by the existing laws, which prohibit, under severe penalties, both pecuniary and personal, the appropriation of dead bodies generally, to anatomical purposes.

That the facility with which subjects for anatomical purposes can be procured in all other countries compared with this, necessarily compels great numbers of medical and surgical students to go abroad for the purpose of prosecuting their professional studies.

Your petitioners, therefore, humbly entreat your honourable house to take the matter of their petition into your gracious consideration, and to afford them such relief, as to your honourable house shall seem meet. And, &c.

It was unanimously resolved, that the petition should be placed in the hands of Mr. Warburton, and that it should remain for signature, at the rooms of the Society, until one o'clock of the following day; the time being thus limited, in consequence of the motion for a committee in the House of Commons, taking place on Tuesday night.

On the motion of Mr. Kingdon, a Committee was appointed for the purpose of drawing up a petition, to be presented to the House of Lords; and it appeared to be the general wish of the Society, that this petition should be more comprehensive in its nature, than the one agreed upon for the Commons.

Mr. Alcock, on this point, very well remarked, that the leading feature of the petitions on this subject should be public benefit, and that the hardships and grievances of individuals, or classes of individuals, should not be dwelt upon.

At the conclusion of the evening, a kind of conversational debate ensued, on the best means of supplying the schools of anatomy with subjects.

Mr. S. Wray stated, that it was his conviction, Parliament would give no remedy, and that medical men should themselves set an example, by giving up their own bodies for the purposes of dissection, and thus

Mr. Wray argued, the way would be paved, as it were, towards diminishing the prejudices of the public.

Mr. Lambert met these opinions by observing, that the notion of medical men giving up their own bodies, which had been trumpeted forth through many of the public papers, arose from a mistaken and narrow view of the subject. It was admitted on all sides, that no injury is done to the person dissected; the only injury committed, being upon the feelings of the relatives, or friends, of the deceased; hence, the proposition was self-evident, that if the person submitted to dissection, had no friends or relatives, then no injury was sustained. He, Mr. Lambert, was perfectly willing that his body after death should be dissected; but he could not forget, that there were those near and dear to him, whose feelings would be outraged, and this injury he had no right to inflict. Mr. Lambert further remarked, that the annual amount of unclaimed bodies in the metropolis, as could readily be proved, would amply suffice for the supply of the anatomical schools; this appeared to him the only means that could possibly be adopted; to talk of diminishing the prejudices of surviving relatives, was, in his estimation, idle.

Mr. Kingdon concurred with Mr. Lambert, with respect to dissecting unclaimed bodies; but, at the same time, he thought the public feeling might be well consulted, by making it compulsory, as in France, to give christian burial to the remains of the bodies, after the purposes of dissection had been served.

WESTMINSTER MEDICAL SOCIETY.

April 12, 1828.

Dr. Barry in the Chair.

FURTHER DISCUSSION ON INSANITY.

Dr. Epps briefly recapitulated the substance of his former observations on insanity. Mr. Bennett resumed his attack on phrenology, which doctrine he contended was covertly introduced by the author of the paper. Mr. Bennett said, that the opinions of Gall and Spurzheim had been completely set aside by many able experimentalists of recent date; and if it were true that the cerebellum was the main agent of physical love, he wished to know how phrenologists would get over this difficulty, namely, that the frog, an animal remarkable for its long continued amatory pursuits, had no cerebellum.

Dr. Ley treated of the mind as a distinct essence, observing, that in many cases of mania, there are no proofs of cerebral derangement.

Dr. Johnstone, on the other hand, contended, that in the majority of cases of mania, there are traces of disease to be found in the brain, and he appealed to Dr. Burrows' experience on the subject, saying, that he (Dr. Burrows) knew these things "*devilish well.*"

Dr. Burrows said, that he certainly had dissected the brains of maniacal patients most carefully, and, in many instances, had not been able to detect organic lesion.

Dr. Wright, of Bethlehem, remarked, that he had examined the brains of more than one hundred insane patients, and had found in all these cases palpable proofs of disease. Dr. Wright passed a high eulogium on phrenology, as the only true means of studying the human mind.

Dr. Copland referred to the observations of a physician of Berlin, who states, as the result of his experience, that in one hundred insane patients, whose brains he had inspected, there were but few instances of organic lesion.

Dr. Epps very ably replied, and the Society then adjourned.

April 19, 1828.

Mr. H. Mayo in the Chair.

This evening we had nearly the same arguments and the same speakers as on the two former occasions; Dr. Epps commencing the business, and being followed by Mr. Bennett and Dr. Ley on the opposite side of the question. Mr. Bennett attacked the doctrine of phrenology on the ground of its being opposed to his observations in comparative anatomy. He contended, on the authority of Treviranus and Desmoulins, that the frog possesses no cerebellum, whilst Dr. Epps as strenuously contested that this animal has a cerebellum, and pulled a dissected frog from his pocket as demonstrative evidence of the truth of his assertion.

Dr. Barry having first declared that he had not studied phrenology in its details, and was only acquainted with the outlines or principles of the science, proceeded to speak against the details; phrenology, however, suffered nothing in the encounter. The only observation which fell from Dr. Barry worthy of notice was, that he had assisted in performing some experiments on the cerebellum of a guinea pig, from which he had arrived at the conclusion, that this part of the brain does not preside over the generative system. A piece of wire was passed into the cerebellum of the guinea pig, but no effect was produced on the genital parts; but when the wire was carried down to the spinal marrow at the loins, and

this part irritated, then erection of the penis and emission of the semen took place.

Dr. SOMERVILLE occasioned much merriment by stating, that he had requested Dr. Epps to inspect the head of a young lady, and that after Dr. Epps had done so, he expressed an opinion that the young lady, amongst other good qualities, had remarkable firmness and great love of offspring. The person of whom this opinion was given, was Catherine Welsh, the woman executed a few days since at the Old Bailey for the murder of her infant, and whose body is now under dissection at the Windmill Street School.

It was announced from the Chair, that Dr. Milligan at the ensuing meeting, would bring forward a paper on the sanability of phthisis pulmonalis, and in the course of the evening it was stated by Dr. Webster, that a deputation had waited upon Mr. Warburton, and placed in his hands the petition agreed to by the Society on the subject of dissection.

MEETING

OF THE STUDENTS AND FRIENDS OF THE WEBB STREET SCHOOL OF ANATOMY AND MEDICINE.

A MEETING, which was numerously attended, was held on Thursday in the above theatre, to take into consideration the propriety of petitioning Parliament for the removal of the difficulties which obstruct the study of anatomy.

Mr. GRAINGER, on being called to take the chair, addressed the meeting:—He said, that he believed it was almost unnecessary for him to insist on the importance of the question which they were met to discuss—it was to petition both Houses of Parliament to remove the difficulties now existing for obtaining bodies for the purpose of dissection. It was unnecessary to enlarge on the absolute necessity of a supply of bodies in such an assembly. Frequently, in consequence of the difficulty of procuring the necessary supplies, there was considerable interruption to the anatomical studies. The schools in London did not suffer so much as those in other parts of the empire. In Edinburgh, it was with extreme difficulty that a few subjects could be procured for two or three thousand pupils. Another great evil was the expense; this fell in a great part on the students, but more so on the lecturer. It was a matter of regret, that the great price paid for subjects produced another serious evil, so far as the British schools were concerned; for pupils were thereby compelled to resort to other countries, where anatomy might be pursued with greater facility. It was known, that from 150 to 200 British students annually went to Paris to pursue their studies. He had no ill feeling to the foreign schools, on the contrary, he was most willing to allow that they had made great advances in this branch of science, owing to the greater facilities afforded them. The objections to the present mode of obtaining subjects, not only affected the medical profession, but also the public generally; for it lead to a breach of the laws, and this breach of the law was necessarily sanctioned by anatomical lecturers, who, from their station in society, ought to be its supporters. In this country they were obliged to league themselves with men who were almost outcasts of society. The robbery of the grave often led to greater crimes: a short time since, a resurrection man went in company with two returned convicts professedly to obtain dead bodies; they were apprehended by the police, and the implements of house-breaking were found in their possession; this resurrection man applied to him (Mr. Grainger) for assistance to extricate him from his awkward situation, and when it was objected that he was engaged in more dangerous business than that of procuring subjects, he answered, that the implements were necessary for opening *vaults*. Thus was the lecturer placed in this dilemma, either to sanction the conduct of the individual, or to be deprived of his assistance at some future time. This showed the unpleasant methods of which teachers of anatomy were compelled to avail themselves, to render their schools efficient. It was needless to enlarge on the danger to which the health of the community would be liable, if anatomical knowledge was not supported as the basis of medical and surgical science. Such being the difficulties attending the cultivation of anatomy, it became a question, if this were a proper time to attempt some change; he believed it was, because it had been asserted by a gentleman high in authority, that the great body of the profession was indifferent to the evils which had been mentioned, and in some degree the charge was just, because the profession had not been sufficiently active. Had they formerly exerted themselves, the present proceedings would probably have been unnecessary. The question has already been brought before the notice of the House of Commons, and the exertions of those members who are favourable to some alterations, would be most materially strengthened by the number of the petitions which were presented from the metropolis and the provincial towns. If the question should be referred to a Committee of the House, much benefit might be anticipated from a calm investigation of those

evils which so greatly interfere with the progress of anatomy. Such an inquiry would tend materially to remove the prejudices which unfortunately exist in the very highest classes of society, and thus lead to an entire and efficient remedy.

Dr. Boott rose to propose, that a petition be presented to both Houses of Parliament, and remarked it was surprising that, in the nineteenth century, any doubt should exist relative to the importance of anatomy. From the obloquy passed on dissection, by making it part of the punishment of murder, from the existence of the laws making it criminal to possess the only means of arriving at the knowledge of our profession—from our being punishable for want of competent knowledge, we were placed in a most singularly embarrassing situation, and it could only require a simple statement of the case, for Parliament to relieve us. He could not see why we should not follow the example of the French; for, in France, those individuals who received the benefits of a hospital, and died unclaimed by their friends, were dissected and afterwards buried, with the decent formality of a funeral; and, in all the large towns, there were a great many who lived by demoralising society, and who were buried at the public expense; and such, when unclaimed by surviving relatives, might be placed at the disposal of anatomists. He should not take up the time of the meeting, by making any further remarks. Dr. Boott then read the following petition:—

The Petition of the undersigned Lecturers and Students of the Webb Street School of Anatomy and Medicine

Showeth,—That it is universally admitted, that anatomical knowledge is the basis of all medical and surgical science.

That such knowledge is required by all the authorities, which are intrusted with the power of conferring medical and surgical diplomas.

That it is required by all the Boards which examine into the qualifications of candidates for the public service.

That it is required by the public, and the courts of law recognise the justice of the claim, for the practitioner, who is proved by any error he may commit to be deficient in his knowledge, is severely punished; yet, not only is no legal provision made affording to the student the means of dissection, but no such provision is obtainable, without a direct violation of the law.

That, by a recent decision in a court of justice, it is declared that any surgeon is punishable, who has, in his possession, a body which he knows to have been disinterred. Thus the practitioner is punishable, for not acquiring a complete knowledge of his profession, while the medical teacher is punishable, even for having in his possession the only possible means by which he can communicate that knowledge to his pupil.

That the tendency, and the actual operation of this state of things, is to render the acquisition of anatomical knowledge, at all times, exorbitantly expensive, and at some seasons, and in some situations, impossible. And hence to compel the student to seek at great expense, and with great inconvenience, for that instruction in foreign countries, which might easily, and beneficially, be afforded in his own.

May it therefore please your Lordships, to take into your consideration these serious and increasing evils, and to afford such remedies in your wisdom as may seem meet. And your petitioners will ever pray, &c.

Mr. Pilcher said, that in a meeting of students devoted to the study of anatomy, it must be perfectly unnecessary to insist upon the importance of the study of anatomy, and hence human dissections; indeed, only once did he recollect its absolute necessity being called into question, and that, he regretted to say, by a judge in his official capacity. He certainly wished all who coincided with that distinguished person, when unfortunately the subjects of accidents or disease, might be attended by men educated according to their own ideas. The difficulty of procuring subjects was sufficient already, without such opposition. Our Chairman spoke of the scarcity met with, particularly in some schools. A house-pupil informed him a few days ago, that he had given his part of thirty-five guineas for a single subject in Edinburgh. Although expensive here, we have no idea of what occurs at some schools. Although they could not presume to offer their opinion to Parliament upon the subject of remedy, yet it must be very simple; as, in one parish in this metropolis, no less than 600 persons were annually buried at the public expense. He begged leave, then, most cordially to second the petition of Dr. Boott.

Dr. Southwood Smith said, it was not necessary to detain them one moment after the observations that had been made, and the testimony given of the full concurrence of the meeting. The removal of those enactments, which inflicted dissection as a punishment, he hoped was universally felt. It had been proposed, that those who died in hospitals unclaimed by friends, should be devoted to the purpose of dissection. He only knew of one objection that had been raised to this, and that was, it would cause the hospitals to be deserted. That this

would not be the case, he might infer from an instance which occurred at Bologna many centuries ago. A certain pope, while a student, feeling the imperative necessity and extreme difficulty of procuring subjects for anatomical purposes, determined, should he ever be raised to power, to remove, if possible, the restrictions which impeded the study of anatomy. When elevated to the papal chair, he did not forget his former resolution; the first act of his reign, was to repeal the law which allowed the dissection of criminals. Shortly after, he made another edict: that every one who entered a hospital, was to give his consent to be dissected, if he died. The hospitals, for a time, were deserted; soon however they filled again, and the greatest benefit accrued to mankind in consequence, and all the other cities in Italy were obliged to resort to the same measure. He had great pleasure in proposing the resolution he was about to submit, because he knew the interest the noble Lord, and the honourable gentleman, took in the subject. He moved, therefore, that the petition be presented by the Marquis of Lansdown in the House of Lords, and by John Smith, Esq., in the House of Commons.

Seconded by Mr. Eccles.

The Chairman alluded to the case of Mr. Hall, late pupil of this school, who had been prosecuted for having a body in his possession. He trusted, a subscription would be entered into, for the purpose of defraying the expenses incurred, and of decidedly showing the disapprobation of the profession at large to the proceedings that had been instituted against him.

Dr. Hopkins then moved, that the Chairman do leave the chair. He could not help alluding to one part of Mr. Grainger's address, in which the teachers of anatomy were considered equally culpable in the eyes of the law, with those who exhumed the subjects; and if such were the case, what must be the feelings of those who had studied at this school, knowing that there was no man more universally beloved and esteemed by his pupils, for his public integrity and private worth, than the gentleman who had just left the chair.

Dr. Boott having been unanimously called upon to take the chair,

Mr. Scriven proposed a vote of thanks to Mr. Grainger, for the able and spirited manner with which he had conducted the business of the meeting, which was seconded by Mr. Holroyd, and carried with great applause.

Upwards of 200 students were present at the meeting.

FLOODING AND RUPTURE OF THE UTERUS.

To the Editor of The Lancet.

Sir,—I enclose you a case of midwifery; if you think it will be of any benefit to the profession, perhaps you will give it a place in The Lancet. I vouch for its authenticity.

I remain, Sir,
Your obedient servant,
Thomas Greening, M.D,
Lecturer on Midwifery, &c.
No. 1, King Square, Goswell-st. Road,
March 31, 1828.

WORCESTER.

A Case of Hæmorrhage, in which the Placenta was attached over the Os Uteri. Rupture of the Uterus by its own action.

Mrs. ——— æt. 40, residing at White Lady Aston, near Worcester, requested my immediate attendance, June 4, 1827. On my arrival, she informed me, she had had flooding come on whilst she was taking her breakfast, to a degree which had caused great consternation to herself and family, but that it had nearly ceased since she had been in bed. She was five months gone with child; had not been quite so well lately, having been obliged to part with her servant, which caused her to exert herself more than common. Complains of headach; pulse full and strong; had been troubled with palpitation of the heart; bowels regular; no labour-pains, but a slight discharge continues. Ordered to be kept quiet, and repose of body in a horizontal position; light covering; cool air to be admitted into the room; cloths, dipped in vinegar water, to be kept constantly applied to the abdomen; to take a little cold gruel or lemonade.

℞ *Mistr. sanguin. ad* ℥xiij;
Infus rosæ, ℥vi.;
Magnes sulphat ℥ss.
Mx. capt. coch. iij. 4tis horis.

5. Better; discharge less.

℞ *Habeat olei ricini,* ℥ss. tertia, qq., hora repetend donec plene responderit alvus.

To keep her bed, and pay attention to her diet; to avoid over exertion; and if the palpitation returns, to lose blood. This was her tenth pregnancy; in the last, Mr. Carden, surgeon of this city, attended her of a seven-months child; in the previous labour I was sent for; that was a preternatural case, the scapula presenting, and a portion of the funis; she was not quite gone her full time; she had a good recovery. When last at market, a person accidentally pushed her down; she did not find herself hurt by the fall, and returned home very well.

7. *Rept. mist. Ol. ricini.*

10. Much better, but very low and weak; no discharge; complains of slight pains in the bowels.

℞ *P. rhei*, ℥ij.;
Magnesiæ, ʒi.;
Conf. opii, ʒi.;
Aquæ menthæ, ʒvi.;
S. lavendulæ comp. ʒii. Ft. mist. cujus capiat coch. mag. iij. ter in die.

July 7. I was again sent for about ten o'clock, P.M.; she had been exerting herself, and a return of the hæmorrhage came on about seven o'clock; pulse tranquil; bowels open; free from labour pains. Upon examination, there was a quantity of coagulum in the vagina, which was removed, but others soon formed; the os uteri open to the size of a halfpenny; a portion of the placenta could be felt on the anterior part of the cervix uteri; the coagulum which had now formed I left in the vagina, and remained with her till two o'clock, A.M.; vinegar cloths were kept constantly applied, and the discharge stopped.

℞ *Infus. rosæ acid.* ℥ij.;
Magnes. sulph. ʒiv. Ft. mistura cujus capiat partem tertiam quarta quaque hora.

8. Nine o'clock, A.M., Mr. ——— called at my house, and informed me a little coagulum was thrown off about every quarter of an hour, but very trifling in quantity; refreshed by sleep; to be kept quiet.

Admitt. liberrime aer gelid.

9. Better.

14. Had no discharge since Monday.

Habeat ol. ricini, ʒiv. h. s.

21. Has had a trifling return of the discharge; complains of palpitation.

V. S. ʒvi.

28. Discharge increased; repeat the vinegar cloths, and to be kept quiet.

29. I saw her about nine o'clock, P.M.; a large coagulum had come away; there was a great change since I last saw her; strength reduced; pulse feeble and small; ninety-five in a minute; face pallid; she said the discharge had not entirely stopped; all this week she had kept her bed, and used the cold application. Upon examination, I found a coagulum lying in the vagina, the os uteri dilated to the size of a dollar, the placenta attached over it. I stated her danger, and requested the nurse to be sent for, that I might proceed to delivery; it alarmed her much, and she would not accede to it, for she never heard of a woman being delivered without labour pains. I told her such cases did occur, and advised her to consent, if her life was to be saved. A friend of hers had called upon Mr. Carden, a week ago, for his opinion; he desired that she should keep her bed, and use the same means which I had adopted; it was her particular wish I should see him, before anything was done; and he agreed to go with me at six o'clock. On our arrival, we found her much the same as when I left; the discharge still continuing, Mr. Carden examined her, and said it was a very clear case, that the placenta was actually protruding, and her life was not safe a minute; a large gush of blood might ensue, and death be the result, before any assistance could be given her. Cautiously introducing my hand through the placenta and membranes, I brought down the feet; when the child was about half born, she complained of most excruciating pains in her back. We now thought the uterus was beginning to act, and he advised me to wait a little; the pulse was, at this time, rather fuller; she took a little brandy and water occasionally; and after a short lapse of time the child was born, but dead; the funis encircled round its neck. We now applied our hands to the abdomen, and being of opinion, that the uterus was very well contracted, we removed the placenta, which was lying loose in the vagina; there was no hæmorrhage; her pulse became fuller, and she felt, as she said, comfortable. However, before I had finished washing my hands, she complained of being faint; her countenance became pale; pulse feeble; a discharge of blood and wind took place; the abdomen was greatly distended; and when I applied my hand to it, a great expulsion of blood and wind again took place; the uterus contracted under the hand; the faintness continued; brandy was administered. Mr. Carden came up stairs, and was much surprised to find such a change, and advised me to introduce my hand; the discharge was not very profuse; there were no coagula; the uterus did not contract, although I irritated it with my fingers, and cautiously introducing my hand still further, I found my fingers among the intestines. Never having met with a case of ruptured uterus before, I was at a loss to pass any correct judgment upon the case, and requested Mr. Carden to examine; he soon told me it was an extensive rupture, and the intestines were coming down, which he pushed up; death soon put an end to her sufferings; the uterus was so thin, it was like a piece of paper; an examination of the body could not be obtained.

JOHN GREENING,
Member of the Royal College of Surgeons, and surgeon to the Worcester Dispensary, &c.
15, High Street.

RICHMOND SCHOOL OF ANATOMY.

To the Editor of THE LANCET.

SIR,—The impartiality which has always characterised your invaluable work, THE LANCET; the unparalleled advantages which have occurred to the medical world since its first appearance, the immense fund of medical and surgical information which it contains; the vast extent of its circulation; and the powerful interest it has excited, all concur to induce physicians and surgeons, in responsible situations, to look upon it with a reverential awe, and lead them, as it were, instinctively to a legitimate sense of their duties. These urge me to lay before you the following statements of effects, arising from an article which appeared in the columns of your last Number, relative to the Richmond School of Anatomy.

On Thursday morning Dr. M'Dowel, at the usual hour of his lecturing, entered the theatre, with an evident gloom of expression, and, at the conclusion of his lecture, he addressed the class as follows:—"Gentlemen, I request your attention for a few moments to some observations I have to mention to you, relative to an article concerning this school, which has appeared in that excellent, and really valuable work, THE LANCET. I intend only to speak to that part which more particularly applies to myself; the other Gentlemen may speak for themselves. I have been charged with minuteness and prolixity in my lectures; in answer to which, I beg merely to state, that I have often been told, by many of the students, I was not sufficiently minute, but certainly it is impossible to please every one. The learned doctor then philosophically adverted to the median nerve, which was accidentally before him, *exempli gratia* of superficial demonstrations. Gentlemen, said he, this nerve (holding it in his forceps) arises from the brachial plexus, goes down the arm, crosses over the elbow, and proceeds down the fore-arm to terminate in most of the fingers. This, I conceive, is not a method likely to advantage any pupil so much as the one I have invariably pursued, viz., in pointing out to you the relative situations of parts, and which, I conceive, the only plan of affording you sound anatomical knowledge. With respect to my prolixity, I confess my lectures occupy a longer space than the general time allotted to the delivery of a lecture; but for this reason—because I began late in the season to deliver the anatomical lectures, not being aware they would have fallen to my lot, having only intended to deliver the lectures on surgery; however, as it is tiresome to the class, as well as tedious to myself, I will, for the future, be more concise, and I assure you, Gentlemen, it gives me great pleasure, for an infirmity, which is now existing in my throat, is the consequence of my long lecturing. As the lectures on surgery were advertised, I should be guilty of injustice if I did not deliver them; therefore, in this respect, I can make no alteration. What has been said concerning the post-mortem examinations, is an absolute falsehood; and I call upon the author of the article in question to contradict the statement; for the whole time I have been surgeon to the Richmond Hospital, not a body has been examined in a hole and corner way, except in one instance, and that was unavoidable. I have always considered pathology of the greatest utility to the student, and made it a rule, that no bodies should be examined until the class had obtained sufficient intimation. The last charge I have to reply to is, the childish act (as it is designated) of calling the roll. I have only to say, that as long as I am lecturer to this class I will exercise my authority, but shall be at all times ready to afford any information in my power to those requiring it." (Loud applause.)—*Friday morning.*

Dr. M'Dowell, at the close of his demonstrations, and with an attractive smile, invited his audience to attend to what he was about to say:—"Gentlemen, I have been accused in that work, (which partakes of the *utile cum dulce*), THE LANCET, of having purloined some of the Gentlemens' subjects; I assure you it is a thing which I am totally unconscious of, and which I never did in my life; and as for my inattention, I have to say, I am very often walking about the dissecting rooms, and if any Gentleman takes the trouble to ask me, I always feel happy to show him any thing he wishes to know; but, I believe, that Æsculapius himself would not like demonstrations crammed down his throat (pointing, at the same time, to a mangled brain, the subject of his demonstrations).—Applause.

Dr. Flood made similar observations.

No alteration for the better has been effected in surgeon Carmichael's conduct; it would seem he is highly delighted that he should be taken for a supernatural being; however, such kind of flattery should not be carried to too great an extent; vanity, and its consequences, are likely to ensue. I would admonish him to be more attentive to his hospital duties, and not submit them to such a deputy as Mr. Banton.

I have the honour to remain, Sir,

Your very obedient humble servant,

VERITAS.

March 30, 1828.

THE LANCET.

London, Saturday, April 26, 1828.

The observations which fall from members of the legislature, even on what are termed parliamentary *field days*, when questions of supposed paramount importance are discussed, and when the speakers are presumed to have given some previous attention to the subject on which they address the House, are not always distinguished by their profundity. If this be the case on the grave occasions to which we allude, it is not surprising that, when a question happens to be incidentally discussed in Parliament, as on the presentation of a petition, or in the course of a conversation without previous notice, noble lords and honourable gentlemen, who deliver their sentiments on the spur of the moment, frequently appear before the public in a sort of intellectual deshabille. The speech of Lord GREY, to which we adverted last week, furnishes a striking instance of the absurdities which it is possible for a man of acknowledged talents to utter, when he dispenses with the mental labour of reflecting on the subject under discussion, and contents himself with throwing out a few unmeaning but harmonious periods in a tone of plausible solemnity. Had this specimen of ratiocination, exhibited in the maturity of the Noble Earl's statesmanship, been perpetrated before he quitted the sixth form at Eton, it would have thrown discredit on the promise of his boyhood. The Noble Earl's arguments in support of the clause, which makes dissection a part of the punishment of murder, were, separately, puerile and unphilosophical; and collectively, absurd and inconsistent. In fact, the Noble Earl was *felo de se* in respect to his own reasoning, and, before the close of his speech, his arguments, like nine-pins, had successively brought each other to the ground. The Noble Earl declared that, in his opinion, "The giving up the body to be dissected, operated *effectually* by spreading a salutary terror through the community, and kept up that horror at committing the crime of murder, for which the people of England had always been distinguished." Does the Noble Earl seriously believe, that the horror entertained by the people of England at the crime of murder, is a national distinction? Does he seriously believe that this horror is, in any assignable degree, attributable—not to those feelings implanted in our nature, which the people of England possess in common with all civilised and even barbarous nations—but to that absurd, and worse than nugatory, because mischievous, provision of our penal code, which enjoins the dissection of the criminal convicted of murder, as an addition to the punishment of death? If the Noble Earl really thought that this provision operated in any degree as a check on the commission of the crime of murder, he would no doubt have been justified, however singular or erroneous his opinion, in opposing its repeal, and it was upon this ground that Lord TENTERDEN distinctly declared his concurrence in the views of the Noble Earl. The Lord Chief Justice expressed his belief, that the clause might have the effect, in one case out of twenty, of deterring a man who meditated the crime of murder, from actually committing it, and, therefore, he was of opinion that it ought not to be repealed. We should be of the same opinion, too, if we could bring ourselves to believe, that it ever yet happened that a man, meditating the crime of murder, and weighing its probable consequences, acquiesced in the hanging; but was effectually deterred from committing the crime, by the hanging *plus* the dissection. But this is a psychological phenomenon in which Lord GREY does *not* believe. He believes, indeed, that the addition of dissection to the punishment of death for murder, operates effectually, by spreading a salutary terror through the

community; but he also believes, "that if an individual had made up his mind to complete so horrible a crime as murder, no additional fear or disgrace would deter him from carrying his design into execution." *Cui bono*, then, the provision? The provision, according to his Lordship's argument, operates effectually on the community, but is wholly inoperative with respect to the individuals of that community whom it is intended to restrain. The Noble Earl, no doubt, feels a lofty indifference for the opinion which medical journalists, or the members of our profession generally, may entertain for his arguments, and we have, therefore, the less difficulty in treating these arguments with as much freedom as if they had emanated from an intellect of a meaner order than the Noble Earl's. There is an idiosyncracy (to use a professional phrase) in his Lordship's logic, which is calculated to surprise, if it does not confound, plain reasoners, who would be better satisfied with the Noble Earl's conclusions, if they were not wholly at variance with his premises. "The provision operates effectually," says the Noble Earl, "in spreading a salutary terror through the community, though it is not to be expected that an individual, who has resolved to commit the crime of murder, will be restrained by it." Let us apply this reasoning to a case. It appears, from returns made in the year 1773, that at that time one murder was, upon an average, committed annually in a population of 10,000 persons in England and Wales. Now upon this one individual in ten thousand, it is evident that the dread of dissection had no effect as a check on the commission of the crime, and Lord Grey admits that it was not likely to have such an effect. Yet, in the very teeth of this admission, the Noble Earl argues, that the dread of dissection operates as an effectual check upon the whole population. At the present time, only one murder is annually committed in an average population of 70,000 persons in England and Wales, so that the proportion in 1773, may be taken as indicating a high degree of public depravity, murders being seven times as frequent then as they are now. Neither the dread of dissection, however, nor the hanging in chains, which, though no part of the legal judgment, was frequently resorted to at that time, and which was more likely, because more frequently witnessed, than any other *post-mortem* infliction, to excite terror in the minds of ill-disposed men, had the smallest effect in diminishing the frequency of the crime. If, then, the supposed punishment of the insensible carcass of criminals had no effect in diminishing the amount of crime, when murder was comparatively frequent, is it likely that the repeal of the provision which inflicts that absurd punishment will increase the amount of crime, when murder is comparatively a rare offence? Unless Lord Grey believes that there is a passion for homicide among the people of this country, which the dread of dissection—hanging is a mere *bagatelle*—alone restrains them from gratifying, his arguments ought to be as unsatisfactory to his own mind, as they cannot but appear absurd and contradictory to the public.

But there is another passage of the Noble Earl's speech, in which it is no less difficult to reconcile his conclusions with his premises. He doubted, it seems, whether "the stigma cast on dissection, by condemning the murderer to be dissected, really prevented others from allowing their bodies, or the bodies of their relations and friends, to be dissected after death." It is quite as difficult to account for what the Noble Earl doubts, as for what he believes. He believes, that the addition of dissection to the punishment of death, for the crime of murder, is necessary to spread a salutary terror through the community, and to keep up that horror for the crime, which he supposes to be a peculiar characteristic of Englishmen, and yet he doubts whether this salutary

terror will create any distaste for dissection, as applied to innocent individuals. Hanging, according to the noble Earl, is not enough to restrain men from the frequent commission of murder; you must increase the check upon their sanguinary propensities by the accumulated horrors of dissection; and yet, according to the Noble Earl, individuals will not the less readily consent to see inflicted upon their innocent relatives and friends that dissection, which the legislature declares to be a fit punishment for the worst of crimes. The *argumentum ad hominem* may be rather a probing one in this case, but it affords the best test of the soundness of the Noble Earl's reasoning. The Noble Earl once talked of his readiness to die with his order; and we suspect that, as long as the idea of dissection is associated with that of crime, he would rather die with a part of the community, than consent to be dissected for the benefit of the whole.

We have dwelt the longer on the absurdity of the arguments which Earl GREY opposed to the proposition of the Marquis of LANSDOWN, because we are persuaded that, so long as the clause of which the Noble Marquis attempted to get rid, remains on the statute book, no effectual steps can be taken for facilitating the study of anatomy. The clause may still be thrown out in the progress of the bill through the lower House of Parliament; and, as Lord GREY by this time perhaps reflects with no great self-complacency on the part which he took in the late discussion, the rejection of the clause would, in all probability, be ultimately acquiesced in.

A few years ago, people who reasoned after the fashion of Lord GREY, believed that the *post-mortem* inflictions, in cases of self-murder, operated as a salutary check on the frequency of the offence. As Lord GREY opines that the national horror of murder is only kept up by the dread of dissection, so these sages contended that the national taste for suicide was only kept down by the dread of being buried in a cross-road, and having a sharp stake driven through the guilty integuments. The *post-mortem* inflictions on the bodies of self-murderers have been abolished, and the crime of suicide is not found to have been increased by the abolition. The rites of burial are, indeed, denied to self-murderers, though it would be difficult to say on what principle of moral or religious expediency; for the denial of christian burial can scarcely operate as a check on the commission of the offence, since this ceremony is, in many instances necessarily dispensed with, and is in no case held to be indispensable. These rites are not expressly denied by law even to murderers, and this is a material consideration with reference to Lord LANSDOWN's proposition, for it shows that the ignominy of the *post-mortem* punishment of murderers, is attached exclusively to the dissection of their bodies. By the 25 Geo. II, it is enacted, that after the execution of persons convicted of murder, "their bodies, in London or Middlesex, shall be conveyed to the Surgeon's Company, to be dissected and anatomised; and in any other part of Great Britain, delivered to such surgeon as the Judge shall direct." The Judge was empowered by this act, to direct the body of the criminal to be hung in chains, but it was subsequently held, (see Hall's case, Leach's Crown Law, case 10 *notis*,) that the hanging in chains should form no part of the judgment, but might be afterwards directed, if the Judge thought it advisable, by a special order to the sheriff. "The Judge," says Mr. Justice Blackstone, (Comm. vol. iv. c. 14.) "may direct the body to be hung in chains, but in nowise to be buried without dissection." It appears, therefore, that a murderer may receive Christian burial, for anything expressly declared to the contrary by law, and that the sole mark of infamy contemplated by law, (except in the rare instances where hang-

ing in chains might be deemed advisable,) was the *dissection*. In fact, if Christian burial be deemed in any way auxiliary to men's interests in a future state, it would have been monstrous to deny this benefit to the criminal, in the very sentence which the Judge concludes by a prayer for mercy on his soul. The stigma, then, was the dissection, and not the absence of Christian burial, for the rites of sepulture might (except when the criminal was ordered to be hung in chains) be lawfully performed over the bodies of executed murderers. Our ancestors, when they made dissection a part of the punishment of murder, never thought of the effect such a provision would have on the study of anatomy; they merely regarded the cutting up of the human body as a stigma and a mark of infamy, calculated to add to the horror of a violent death, and to deter from the commission of crime. By the reflecting part of the community, dissection is no longer regarded in that light; and the legislature, therefore, ought no longer to sanction the prejudice against dissection, arising from its association with the punishment for murder. This prejudice, let it be well observed, is totally distinct from the repugnance which is generally felt to the dissection of those with whom we have been nearly and dearly connected. The prejudice arising from the association of the idea of dissection with that of crime is peculiar to this country, and wholly referable to an absurd and impolitic provision of the English law. The repugnance to the dissection of the bodies of those we have loved, on the contrary, is common to all nations; and, though not defensible upon principles of abstract reasoning, is founded in some of the best and most amiable feelings of our nature. Let those feelings be respected, for it would be as impolitic, as it would be unavailing, to attempt to legislate against human feelings; but let the legislature endeavour without delay to remove a prejudice, which the legislature itself has created. Mr. Peel, on presenting this week a petition from the President and Council of the College of Surgeons, observed that he could not help respecting the feelings of those who were opposed to the views of the petitioners, and that no good could arise from inquiry into this subject, unless it were conducted with the utmost delicacy and care. We concur entirely with the Home Secretary, in respecting the general sentiment which renders men averse to suffering the bodies of those they have loved to be delivered over to the anatomist, and profaned, as it were, by the hands of those who have no sympathy with the feelings of surviving relatives and friends. We are only surprised that the Home Secretary should suppose that these sentiments are peculiar to any class of individuals, and that the members of our profession, however anxious to promote anatomical science, do not participate in them, as fully as the rest of their fellow-men. A source has been repeatedly pointed out in this, and other medical journals, which would afford an abundant supply of subjects for the purposes of science, without outraging any of those feelings which medical men respect as much, and are as much interested in respecting, as any other class of their fellow citizens. This was the source which the late Secretary for the Home Department had in contemplation, when he had resolved to remedy the existing evils, and to this source the present Secretary must look, if he be sincerely desirous of carrying into effect the views of his enlightened predecessor. This source, we allude to the application of all *unclaimed* bodies of persons dying in workhouses and hospitals, has long been rendered available to the purposes of science in Dublin and Paris, and we confidently repeat our former statement, that from this source upwards of one thousand bodies might be annually supplied to the dissecting-rooms, at an average cost of less than five shillings each, without out-

raging the feelings of individuals, or interfering with the rites of sepulture, which might, and ought undoubtedly, in all such cases, to be decently performed.

But we repeat that, before any effectual measures can be adopted for facilitating the supply of bodies for dissection, the legislature must first get rid of the clause which associates dissection with crime. The public feeling in England, would revolt against a measure for subjecting the bodies of unclaimed persons to the same process, which is deemed a fit punishment for murderers. If the Marquis of LANSDOWN's bill should pass the legislature with the clause which Lord GREY has appended to it, the schools of anatomy in this country will be threatened with destruction. We do most earnestly hope, therefore, that the House of Commons will unweave the web of mischief, and expunge from the statute-book an absurd and impolitic enactment—an enactment which is confessedly inoperative for all good purposes, and which is calculated to oppose such obstacles to the pursuit of anatomical science, as must inevitably have the effect of endangering the health and lives of the community.

ON Tuesday last, Mr. WARBURTON brought forward, in the House of Commons, his promised motion for a Select Committee to inquire into the manner of obtaining subjects for the schools of anatomy, and into the state of the law with respect to persons employed in obtaining and dissecting dead bodies. Mr. Warburton stated, with clearness and ability, the nature of the obstacles which, in the present state of the law, impede the acquisition of anatomical knowledge, but abstained from suggesting any remedies, which he thought would be better discussed in the Committee. The motion was seconded by Mr. J. SMITH, and after a few observations from Mr. Secretary PEEL, favourable upon the whole to the object of the proposed inquiry, a Select Committee was appointed.

A Petition also, to which we have already alluded, from the President and Council of the College of Surgeons, was presented last week by Mr. Secretary PEEL. The Petitioners complained, with singular propriety, of the obstacles opposed to the acquisition of anatomical knowledge, seeing that they are the persons who passed regulations requiring that all candidates for diplomas should produce certificates of attendance at three winter courses of dissection, while they refused certificates from all anatomical teachers except THEMSELVES, and refused to recognise the certificates of provincial teachers, when no subjects could be obtained at the London Hospitals. The only certificates of attendance at three winter courses of dissection, which this enlightened body would consent to receive, were from teachers who could obtain no bodies to dissect. Many of the observations and suggestions made by Honourable Members, on the presentation of the College Petition, betrayed a very imperfect acquaintance with the nature and extent of the evil which calls for legislative interposition, and, we may add, a very erroneous view of the means by which the evil is to be remedied. Sir JOSEPH YORKE, for instance, suggested the expediency of consigning the bodies of suicides to dissection, and the only objection which Sir JAMES MACKINTOSH, who passes, we believe, for a statesman of greater *calibre* than Sir Joseph, made to this suggestion was, that cases of self-murder in this country were not sufficiently numerous to afford an adequate supply. "Consign the bodies of suicides to the dissecting-room!" Why, Sir Joseph and Sir James, this association of dissection with crime is the very absurdity which has created all the difficulty. The schools of anatomy in this country are threatened with destruction, because the legislature has committed the absurdity of identifying dissection with punishment, and associating it with crime; and yet this i the absurdity

which you, Sir Joseph and Sir James, would, in your legislative wisdom, sanction and perpetuate!

In France, criminals who die by the hand of the public executioners are the only persons to whom the *honour* of being dissected for the good of science is denied. In this country it can scarcely be expected that dissection will ever be regarded as an *honour*; but, surely, it is high time for the Legislature to repeal the absurd enactment which justifies the people in regarding it as a mark of infamy.

On Monday last, Mr. Abernethy addressed a canvassing letter to a *select* portion of the Governors of St. Bartholomew's Hospital, in which he complained, that the Committee of last year had left him "a suspected character," and solicited them to hear his defence. We shall publish the letter next week. The Governors, conceiving, we presume, that Mr. Abernethy had been sufficiently punished by his exclusion during the past year, and also taking into consideration his great age, and increasing infirmities, have admitted him into their body.

We this week publish a letter which has been addressed to the Governors of Guy's and St. Thomas's Hospitals by Mr. Lambert, the Gentleman to whose exclusion from the wards of those institutions we alluded in a former Number. The obsequiousness of the pupils of the Borough Hospitals affords a sufficiently humiliating contrast to the spirit and decision exhibited by the students of the *Ecole de Medecine* at Paris, where an attempt was made by the functionaries of that institution to invade their acknowledged rights. As the matter in dispute, however, between Mr. Lambert and the Borough Hospital Surgeons may be considered as still *sub judice*, we abstain, for the present, from further observations.

MR. LAWRENCE AND MR. EARLE.

Mr. Lawrence, whilst passing through the Hospital on Saturday last, on seeing Mr. Earle in one of the wards, spoke to him, to express his regret that Mr. Earle should have published a letter, (as he had been informed was the case,) in the terms regarding him, (Mr. Lawrence,) in which that letter was couched; because, had he seen the letter before its appearance in print, he most unquestionably should have objected to its publication.

Mr. Earle begged to know, in what respect his letter was objectionable to Mr. Lawrence.

Mr. Lawrence said, the letter referred to his conduct in the admission of a gentleman to the hospital practice, supposed to have been connected with the reporting department of a medical journal; and went on to state, "that after the explanation of that gentleman, and the *amende* offered by Mr. Lawrence, neither Mr. Vincent nor myself considered it necessary to urge the point further." Now, he objected to such a statement *in toto*, and begged on this occasion, the first time of his having seen Mr. Earle since the appearance of the letter, to make that distinct declaration, and that too, publicly, in the presence of the pupils. The gentleman whom he supposed was alluded to, came to him free from suspicion; he entered him as was customary, and would enter him again, or any others, under similar circumstances, without the slightest hesitation; because he did not consider those circumstances suspicious, and because he did not regret having entered the pupil, however much he might be sorry that Mr. Earle should be annoyed by suspicions and alarms on such a subject; that he never seriously entertained a thought of returning the fee, and that, consequently, he had not made, nor intended any "*amende*."

Mr. Earle observed, that if he had done a thing which he had reason to consider injurious to his colleague, and were afterwards to express his regret at having done so, *that* he should call an *amende*.

Mr. Lawrence had no reason to consider that what he had done was wrong, nor would any statement persuade him into that belief. The pupil presented himself to him under no circumstance whatever of suspicion; he believed him to be an honourable man; and, moreover, that he had no ill-feeling either towards Mr. Earle, or any officer belonging to the establishment; therefore, so far from regretting that he had received that gentleman as a hospital pupil, he would enter ten more, or any number of

such persons, if they were to present themselves for admission.

Mr. Earle had been perfectly satisfied of the propriety of having entered that gentleman, and therefore had not refused to sign his ticket; but he was equally satisfied of having done only right, in making the inquiry, whether that was the gentleman who had written the hospital reports, which had appeared so greatly to the disparagement of his character. Was it to be supposed, that he could quietly assent to the admission of an individual as a pupil, if he had any reason to believe him to be the person who had taken every possible opportunity of holding him up to ridicule, and to the destruction of his character with the public; while, on the other hand, the same individual had portrayed the conduct of Mr. Lawrence, on all occasions, as meriting unbounded admiration and applause, and that, too, at the cost of his colleague's reputation?

Mr. Lawrence.—That is no affair of mine; I was not the reporter.

Mr. Earle really thought he had acted altogether inoffensively in making the inquiry he had done, and was quite satisfied with the explanation he had received.

Mr. Lawrence wished it to be distinctly understood, that if he had known of the terms of the letter alluded to before it appeared, (and he conceived it ought to have been shown to him,) he should have entered his protest against its publication.

Mr. Earle wished Mr. Lawrence to state what he considered to be the meaning of the word *amende*.

Mr. Lawrence hardly knew what the meaning of it was, as implied in that letter; but this he knew, that if it was to be taken as an *apology* for any thing he had done, he gave it his decided negative.

Mr. Earle conceived, that if one gentleman did an act which was supposed to be injurious to his colleagues, and afterwards said he was sorry for it, there could be no objection to that appearing in print?

Mr. Lawrence was perfectly aware, that a man might be the author of an act which he would repent a thousand times, and still that each time it might be offensive to his colleagues. If *amende* meant that he was sorry that the act or acts should be offensive, he had no objection to its being taken in that limited sense; but even taking the word in this view, he objected altogether to the sentence in which it was introduced.

Mr. Earle was sorry that any such conversation had transpired, particularly in a ward of the hospital; he thought Mr. Lawrence might have called him aside; but he wished Mr. Lawrence to ask Mr. Vincent what his views of the circumstance were.

Mr. Lawrence said, the moment he had heard of the terms of the letter, he determined to express to Mr. Earle his feelings the first time he saw him; this was the first time he had seen him, nor should he have thought it necessary to go into private with the discussion. He should certainly also speak to Mr. Vincent whenever he met him, and make known to him his opinion on the subject.

Mr. Earle observed, that Mr. Lawrence's language was very different on Saturday week, when the subject was first mentioned to him, to what it was on the following Monday; on the former day he seemed to boast of what he had done, on the latter he appeared to regret it.

Mr. Lawrence only regretted it as far as it had occasioned any thing like a painful feeling to Mr. Earle. As to boasting, he had always felt a pleasure in entering pupils.

Mr. Earle said, if he (Mr. Lawrence) had not thought he had done wrong, why should he have offered to have returned the pupil's fee on Monday?

Mr. Lawrence denied ever having made such an offer, or assented to such a proposition. All he had said on this point, when it was mentioned to him was, "It would be easy to return the money, but it would be difficult to return his attendance," as a joke between themselves. This was the utmost extent to which he had expressed himself; and (warmly) having said so much on the present occasion, he had only to shake hands, which he did with Mr. Earle, and left the ward.

Mr. Earle took that opportunity of stating to the body of pupils surrounding him, that no individual could have behaved in a more honourable and gentlemanly manner than the pupil referred to, when he called upon him at his house.

DR. FORBES AND MR. GUTHRIE.

To the Editor of THE LANCET.

29, Soho Square, April 17th.

SIR,—Dr. Forbes having abstained from every kind of communication with any public journal upon the subject of his late differences with Mr. Guthrie, and it being still his determination to act upon the same principle, his friends think it proper, in consequence of the extraordinary Resolution of the Committee of the Westminster Eye Infirmary, published in your last Number, that his letter of resignation, addressed to that Committee, should also be made public. I therefore beg leave to inclose you a copy of that letter, together with a note to Lord Grantham, as the chairman, and to request the insertion of it in your next Number.

And remain, Sir,

Your most obedient servant,

SAMUEL BEAZLEY.

TO LORD GRANTHAM.

Argyll Street, April 15, 1823.

My Lord,—The Treasurer and the Secretary to the Westminster Eye Infirmary, having twice returned my letter of resignation of the office of Physician to that Institution, will, I trust, be my apology for sending the inclosed to your Lordship, as the Chairman of the Committee, whose Resolution of the 2nd April is the immediate cause of my resignation.

(Signed)
Chas. F. Forbes.

TO THE COMMITTEE OF THE ROYAL WESTMINSTER EYE INFIRMARY.

Argyll Street, April 15th, 1823.

Gentlemen,—In consequence of the Resolution adopted by you at your meeting of the 2nd inst., founded upon your supposition, that a statement attributed to me is incorrect, I think proper now to resign the office of physician to the Royal Westminster Infirmary for Diseases of the Eye. But as the Treasurer and Secretary have twice returned my letter of the 5th inst., containing my resignation, I am now under the necessity of addressing the Committee. At the same time, as the resolution alluded to, though founded upon a supposition entirely false, may have the tendency of accusing me of misrepresentation, I feel it due to myself to give the following statement of facts, the truth of which I feel assured Mr. Guthrie will himself not venture to deny.

On Sunday morning, May 27th, the day after the appearance of a paragraph in The Lancet, severely animadverting on the mode in which the business of the Eye Infirmary was carried on, I received a note from Mr. Guthrie, requesting me to call upon him in Berkeley Street, between the hours of eleven and twelve, for the purpose of making an alteration in the admission ticket. Had a reprint of the ticket only been necessary, and no alteration been intended, Mr. Guthrie would not have thought it requisite to request me to call upon him; neither could my presence, nor my assent, have been required.

I wrote a note to Mr. Guthrie, to inform him that I could not call upon him at the time he mentioned, but that I would do so in the course of the day; and which I accordingly did, between two and three o'clock. Mr. Guthrie was not at home, but I found the old ticket upon his table, with the following alterations made upon it, in his own hand writing:—

"Dr. Forbes attends on Saturdays, at half past eleven;

"Mr. Guthrie, on Tuesday, at half past twelve;

"Dr. Forbes and Mr. Guthrie, on Thursday, from half past eleven till half past one."

I left a note upon Mr. Guthrie's table, objecting to the proposed change in the hours of attendance, as being likely to prove inconvenient to the patients, by interfering with their dinner time; and moreover, that I could not be certain of being regular in my own attendance at the newly-proposed hours. This ticket was afterwards printed, without any further communication with me, and has been ever since in use at the Infirmary.

Such, Gentlemen, are the facts connected with the alteration of the admission ticket upon the 27th of May, 1827. You will perceive that they are such as might possibly be known *only to Mr. Guthrie and myself*, and that the Gentlemen, upon whose evidence you thought proper to found the resolution of the 2d inst., *might be* utterly ignorant of them.

I beg to call your particular attention to the circumstance, that Mr. Guthrie himself has never, so far as I know, ventured to deny the correctness of this statement.

With regard to the office of *House Surgeon*, another point to which the resolution alluded, although I may inadvertently have signed a certificate designating Mr. Dunn by that title, because I had been in the habit of signing all certificates, that already bore my colleague's name, and were written by him, as a matter of courtesy, there was certainly no such situation recognised either by the Committee or by myself; and Mr. Dunn, in his letter of the 18th March, to the Editor of The Lancet, published in No. 239 of that Journal, of which I have annexed a copy, expressly calls himself House *Pupil*.

"*Attendance of Dr. Forbes and Mr. Guthrie at the Westminster Hospital.*

To the Editor of The Lancet.

Sir,—Having acted as house-*pupil* during the season of 1823 and 1824, at the Westminster Eye Infirmary, I feel it incumbent upon me, after the remarks you have repeatedly made, to state, that during that time, nothing could exceed the attention Dr. Forbes and Mr. Guthrie paid to that Institution. I can corroborate what Mr. Guthrie says, in his letter, regarding the punctuality of his attendance; and I have frequently known him to call at the Infirmary on the intervening days. The patients were satisfied and grateful, and the pupils pleased, with the clinical instruction given. I regret the rupture between Dr. Forbes and Mr. Guthrie, convinced that it must tend to injure the Institution.

I hope you will insert this note in your next publication, as your remarks implied a neglect of duty on the part of the medical officers, which, I am sure, at that time had no foundation.

I remain, Sir,
Yours, &c.
HENRY DUNN.

Wakefield, March 18, 1828."

Mr. Guthrie also well knows that another Gentleman, Dr. Young, who filled the same situation, denies having ever considered himself in any other light than as a *pupil*.

In conclusion, I beg to add, that although the resolution of the 2nd inst. is the immediate cause of my resignation, yet I have long intended to retire from the Institution, in consequence of my disapproval of the manner in which the business of the Infirmary has been for some time conducted, as well as from the inattention with which my suggestions for the benefit of the Establishment, and complaints of ill treatment at the Infirmary, have been received by former Committees.

(Signed)
CHAS. F. FORBES.

ATTEMPTED EXCLUSION OF MR. LAMBERT FROM GUY'S HOSPITAL.

To the Presidents, Vice Presidents, and Governors of St. Thomas's and Guy's Hospitals.

GENTLEMEN,—The extraordinary circumstances attending the operation of lithotomy, recently performed by Mr. Bransby Cooper, cannot fail to have attracted your notice. It has been assumed by the Medical Officers of St. Thomas's and Guy's Hospitals, that the individual who now addresses you is the writer of the report of Mr. Bransby Cooper's operation, which appeared in THE LANCET, and was subsequently copied into other journals. In consequence of this assumption, it has been intimated to me by the surgeons of St. Thomas's Hospital, and the Treasurer of Guy's Hospital, that I am to be excluded from the wards and operating theatres of these institutions, from an apprehension, I presume, that I should give publicity to the medical and surgical practice of the paid and responsible servants of the public. I do not feel myself called upon either to avow or disavow that I am the writer of the report; but as I was present at the operation, and as I have witnessed nearly 100 operations of lithotomy, I may, perhaps, be permitted to offer an opinion, and I have no hesitation in stating, that the report published in THE LANCET is strictly correct as far as it goes; and, when all the circumstances of the operation are taken into consideration, that the case is rather understated in THE LANCET than otherwise. In this opinion many, whose experience gives weight to their testimony, fully concur; and I may add, that a surgeon, also of considerable experience and ability, quitted the theatre at the expiration of three quarters of an hour, declaring he could no longer endure the spectacle.

It only remains for me, Gentlemen, to inquire whether you have sanctioned the attempt which has been made by the surgeons of St. Thomas's Hospital on the one hand, and by the Treasurer of Guy's Hospital on the other, to effect the exclusion of an individual assumed to be the writer of a report, unpalatable, because too true, to the surgeons of these institutions, though essential to the interests of humanity and public expediency; whether, in short, you are prepared to sanction a principle which is calculated to deprive me, and others who have been educated at these hospitals, of the rights and privileges for which large sums have been extracted from our pockets by the hospital surgeons, and the tendency, if not the design, of which is, to keep the public in ignorance of the manner in which those functionaries discharge their public duties?

I remain, Gentlemen,
Your obedient servant,
JAMES LAMBERT,
Member of the Royal College of Surgeons.

Walworth, April 9th, 1828.

THE BOROUGH HOSPITALS.

To the Editor of THE LANCET.

SIR,—It was with the highest feelings of indignation that I read in your last Journal of the attempt to exclude a gentleman from the wards of St. Thomas's Hospital, after having paid so large a fee for what is called hospital practice. When I paid my admission fee as a pupil of that hospital, I stated to Mr. Whitfield, that it was probable I should stay in London more than twelve months, and asked him whether, after paying the fee for that period, I should be entitled to attend a longer time if I wished. He replied, "Most certainly; if you enter for twelve months, that will entitle you to attend as long as you please." This assertion was afterwards confirmed by the late Mr. Ledger, the then assistant apothecary, and I will certainly never give up my right to attend as often and as long as I please, without my money being returned.

This most monstrous decision of the surgeons is an act of great injustice to those who have paid them such large sums, and an outrage on the liberal spirit of the present age.

You are at liberty, Sir, to make whatever use you please of this letter.

I am, Sir,
Your obedient servant,
J. N. Bainbridge.

St. Martin's Lane. April 15, 1828.

ST. GEORGE'S HOSPITAL.

CASES OF HERNIA.

Case of Strangulated Femoral Entero-Epiplocele—Operation by Mr. Rose.

M. A. æt. 45, a healthy looking woman, was admitted into the Hospital at 2 o'clock, A. M., on Sunday, March 23rd. The patient stated that she had been subject to femoral hernia for several years; that it frequently descended, and was returned without difficulty. It came down on the Tuesday preceding her admission, after great exertion, and she was unable to effect its reduction; the bowels were, however, moved on the following morning.

When admitted, she complained of slight pain in the abdomen, not increased by pressure; the pulse was low and tongue furred; she had been bled from the arm a short time previous to admission. There was a tumour of about the size of a pigeon's egg in the usual seat of femoral hernia; it was irregular to the feel, hard, and painful on pressure. She was placed in the warm bath, and the taxis was employed; an enema was administered, which brought away some hardened fæces; subsequently the enema was repeated, and some purgative medicines given *per os*, but these were rejected. At 10 o'clock, P. M., the symptoms being somewhat aggravated, and no impression having been made on the tumour, Mr. Rose proposed the

Operation.

The incision of the integuments was accomplished in the usual manner, and the contents of the hernial sac were exposed; they proved to be a portion of omentum, and a small knuckle of intestine. The omentum was evidently very firmly constricted by the inferior edge of Poupart's ligament; a probe-pointed bistoury was introduced, and an incision made inwards, by which means the parts were liberated, and were returned into the abdomen without difficulty. There were slight recent adhesions between the omentum and sac; they were, however, easily detached.

Nothing material occurred after the operation; the bowels were freely relieved a short time afterwards, and the case went on to a favourable termination; the wound united by the first intention, at the upper part, but suppuration took place in the lower part, and hence protracted the cure. The woman left the Hospital well, one month after admission.

Case of Scrotal Hernia, in which the Tobacco Enema was successfully employed.

A stout young man was admitted into the Hospital on Tuesday morning, with scrotal hernia, which had descended two hours previously: he had applied to a surgeon, who made some attempts to reduce it, but without success. When admitted, he was put in the warm-bath, bled to syncope, and the taxis applied, with no effect; the use of æther and ice to the tumour, was attended with the same result. The swelling was very large, tender on pressure, and there was slight pain in the abdomen. The man had vomited once. Mr. Rose directed, that if no relief were obtained in a few hours, the tobacco enema should be administered; accordingly, towards the evening, the House Surgeon gave a tobacco injection, prepared by infusing a drachm of the herb in a pint of water. The whole was given in twenty minutes, and the effect was very remarkable; extreme exhaustion was induced, and in this state, the taxis being employed, the hernia almost immediately disappeared.

"DOING" AN OPERATION—SOMETHING THE MATTER.

On Thursday last the pupils were assembled to witness the eminent surgeon, Mr. Brodie, remove a *tumour* from the lower part of the scapula. Previously to the operation, we accompanied Mr. Brodie and Mr. Rose into the ward in which the patient, a man, was placed. "It is a firm tumour throughout," said the "eminent," handling the parts, whilst the fair Rose, opined that it had contracted some adhesions at the upper part. Whether it was, that, from the time of leaving the Ward, to entering the Theatre, the "eminent" changed his opinion, or whether it was in pursuance of his usual method of "doing" operations on tumours, we do not know; but, certes, Mr. Brodie thrust a lancet into the swelling, and some matter issued, with an hydatid of considerable size. A free incision was now made, and the greater portion of the cyst removed; numerous small hydatids were found adherent to its inner surface.

GUY'S HOSPITAL.

CASE OF DISLOCATION OF THE PATELLA INWARDS.

Followed by an extensive Subfacial Abscess and disease of the Joint, which ended fatally.

The cases at present in the Hospital, being for the most part of an uninteresting nature, we give the following, which occurred a few months ago:—

Jane Goodrick, ætat. 16, stout, and of what is ordinarily termed a *great* habit, was admitted into the Hospital on the 16th of February, 1827, on account of injury to the knee.

She stated, that she was in the act of stooping to wash the floor, when she felt something "crack;" her knee suddenly bent under her; she experienced the most excruciating pain, and found herself incapable of rising. She was shortly afterwards brought to the Hospital.

At the time of admission, the knee apparently was inclined outwards, whilst the foot was inverted, and the limb partially flexed; the joint was greatly swollen, hot, painful, and exquisitely tender to the touch. It was, however, readily ascertained, that the patella was dislocated inwards, and by extending the leg, bending the thigh upon the body, and at the same time placing the thumb on the inner edge of the patella, the bone was suddenly and immediately tilted into its proper situation. Much relief was experienced by the reduction of the patella, but still the girl complained of great pain about the joint, and, on minute examination, there was a depression felt just above the upper part of the patella, which led to the supposition of a rupture of the tendon of the rectus having taken place.

The leg and thigh were placed on a straight splint, the thigh being considerably bent upon the body; twenty leeches were directed to be applied to the joint, with the subsequent use of spirit lotion, to be constantly applied to the part: some aperient medicine was prescribed.

On the following day Mr. Key saw the patient, and examined the limb minutely, but could not detect a rupture of the rectus tendon; the swelling of the parts at this time had very much increased, and there was some febrile excitement. The leeches were repeated, and the spirit wash continued; saline purgatives directed, with fever diet.

Feb. 17. The inflammation has manifestly increased; the girl complains of acute pain in the joint; she is very feverish. The limb was still more elevated, the leeches repeated, and a dose of colocynth and calomel exhibited.

22. The inflammation has progressively extended since the last report, and it has now reached to a considerable distance up the thigh, on the outer side. The pulse is 120 and sharp; the skin hot and dry, and tongue furred. Ordered to take an effervescing draught every four hours, and two grains of calomel, with a like quantity of antimonial powder every night. The leeches to be repeated, and the evaporating lotion continued.

27. The disease has still further extended, and the constitutional derangement is considerable; leeches are applied from time to time.

March 8. To day Mr. Key attentively examined the limb, and ascertained that a large collection of fluid had taken place; fluctuation was very evident to some distance up the outer side of the thigh. The skin was slightly discoloured, and the girl complained of deep-seated pain; she had had occasional rigours; the tongue was loaded with fur, the pulse quick and sharp, and the skin hot. There was most excruciating pain felt upon making pressure on the patella. An opening was made just above the outer condyle of the femur, and a large quantity of matter evacuated, from which much relief was experienced. The leg was bandaged from the ankle up to the knee, and the thigh was in a like manner bandaged, with a view, as Mr. Key stated, to effect the cohesion of the sides of the abscess, and thus obviate further suppuration. A large poultice was ordered to be applied to the knee, and two grains of sulphate of quinine directed to be taken twice a day; a grain of opium at bed time.

12. The discharge from the opening amounts to six or eight ounces daily, and consists of bloody ill conditioned matter. The girl's general health has suffered very much; she is allowed a generous diet, and takes half a pint of wine daily.

18. Since the last report, the discharge has assumed a more healthy character, but it is of equal amount; the patient's appetite is bad, and she labours under a hectic condition of the system.

26. The general health suffering much; the discharge from the wound considerable.

April 6. Diarrhœa has come on during the last two days, and has greatly added to the weakened condition of the patient; the tongue is covered with a dark brown fur; the pulse is thready; the girl is, in fact, fast sinking. The discharge from the wound is bloody, and several fœtid sloughs have escaped. Ordered chalk mixture, with laudanum.

On the 7th and 8th, the diarrhœa was almost incessant, the stools were bloody, and also contained some purulent matter. On the 9th the girl sunk.

Post-mortem examination.

This was conducted at the patient's residence; the report made by the dresser was as follows:—The abscess was found to extend within three inches of the anterior superior spinous process of the ilium, and on the inner side, as high as the falciform edge of the fascia lata, also nearly the whole length of the fore part of the thigh under the rectus muscle, into the knee joint. A part of the rectus, almost the whole of the crurœus, and a considerable portion of the vastus on each side had sloughed. The triceps on the back part appeared to be the only barrier which had prevented the matter extending to the back part of the thigh. All the ligaments of the joint, with the exception of the ligamentum patellæ, had sloughed away; the semi-lunar cartilages were quite destroyed, and not a vestige of cartilage was to be seen on the condyles of the femur, and head of the tibia. In fact, the head of the tibia, back part of the patella, and condyles of the femur were so completely carious, that they could readily be crumbled down between the fingers.

The only operation performed at this Hospital since our last report, was extirpation of the mamma by Mr. Bransby Cooper.

The following cases were admitted under the care of Mr. Key on the 9th of April:—

Cornelius Ward—Extensive disease of the knee joint; strumous inflammation of the conjunctiva with pustules; chronic enlargement of the testicle.

Job's Ward—Chronic abscess on the inner side of the knee joint, extending in the course of the internal lateral ligament.

Lazarus Ward—Case of hydro-sarcocele.

Charity Ward—Chronic enlargement of the glands of the throat, and glandulæ concatenatæ on each side of the neck. A case entitled "erythema nodosum," the disease affecting both legs.

Dorcas' Ward—A case of calculus vesicæ; the patient is a little boy about two years and a half old; the presence of a stone has been satisfactorily ascertained, and it was intended that the operation should be performed on Tuesday last, but it was postponed in consequence of the child's indisposition.

ST. THOMAS'S HOSPITAL.

DISSECTION OF IRONS, THE MURDERER.

The body of Irons, who was recently executed at Horsemonger Lane, for the murder of his fellow servant, was brought to this Hospital for the purpose of dissection. He was a good-looking man, about five feet nine inches in height, well proportioned in every part but the arms, which were small; he was spare, and muscular, but not to such a remarkable degree as it has been represented.

The culprit was executed at eight o'clock on the morning of the seventh of April, and after hanging the usual period, was conveyed to the Hospital, so that when brought here the body was warm. Under these circumstances, it was determined to take a cast of all the superficial muscles of the body, and with this view it was placed in the attitude of the dying gladiator; and the parts having been allowed to become cold, and consequently fixed, the process of dissection was begun on the following day, by Mr. South and assistants, and was completed in about thirty-six hours, Mr. South being employed during the whole of the night.

All the external muscles being exposed by clean dissection, and the position being so admirably calculated to display them, the body really presented a most beautiful spectacle. We particularly noticed one of the extremities, dissected in a masterly manner. An artist, from the Royal Academy, succeeded well in taking a cast from the body, which we are informed is unique, at least as regards this country.

The sterno-mastoid muscle, on the *left* side, was nearly severed by the rope, and a portion of the trapezius also was lacerated;* the blood, as is usual in cases of violent death, was fluid. The penis was in a state of semi-erection, and there had evidently been a discharge of seminal fluid. There was no displacement of the vertebræ, nor fracture of the os hyoides. It would have been highly interesting to ascertain the state of the brain, but the skull was not opened. Mr. Deville took a cast of the cranium.

OPERATION OF LITHOTOMY BY MR. TRAVERS.

John Chaplain, a fine healthy labourer from the county of Essex, 25 years of age, and upwards of six feet in height, was ad-

* We have been informed that the executioner, on this occasion, was intoxicated, and in consequence did not adjust the rope in the ordinary method. Would it be *libellous* to caricature the rascal!

mitted into Isaac's Ward, on the 9th of April, under the care of Mr. Travers. According to the patient's description, he had been suffering with symptoms indicative of stone in the bladder, upwards of twelve years; ten years ago he voided several small calculi. He further stated, that during the last few months prior to admission, he had suffered severe pain in the loins, and the distress at the time of, and after, passing his urine, had become almost intolerable.

Mr. Travers sounded the man a few days after admission, and readily felt a calculus, which he remarked was, in his opinion, of large size. The operation was proposed and assented to, and some aperient medicine having been previously given, it was performed on Friday last, April 18th.

The external incision was effected with a common scalpel, and the groove of the staff exposed by the same means; a cutting gorget was then fitted in the staff, and carried onwards, into the bladder. The *curved* forceps were introduced along the gorget, and the latter instrument was then withdrawn; the stone was grasped without much difficulty, and it was very evident, from the wide separation of the handles of the forceps, that it was of considerable magnitude. In the attempt at extraction, the calculus slipped, and Mr. Travers now introduced a smaller and *flat* pair of forceps, with which he soon succeeded in extracting the stone. The curved forceps, it was clearly seen, occupied too large a space to admit of the passage of the stone through the neck of the bladder. There was very little hæmorrhage, and the whole of the operation occupied about twelve minutes. The stone was of the size of a pullet's egg, and it had a rough surface: its composition we did not ascertain.

A few hours after the operation there was considerable bleeding from the wound, and it was thought necessary to have recourse to pressure, by which means it was eventually checked.

On the 19th, we found that the man had slept but little during the night; his pulse was quick and skin hot, and he complained of sickness; the bowels had not been relieved; the urine passed freely through the wound. Ordered, a common purgative enema, and to take saline draughts.

20. The sickness still continues; the pulse is quick and tongue slightly furred; there is no pain felt on pressing the abdomen; the urine flows freely by the perineum, and the bowels are open.

21. Has passed a tolerably comfortable night; the bowels have been relieved by an enema; the pulse 104, and compressible, the tongue glazed and red at the tip. He complains of slight tenderness of the abdomen on the left side, and a feeling of nausea. Leeches were applied to the abdomen this morning.

22. Four, P.M. The patient obtained no sleep last night; the pulse is less frequent than yesterday, the tongue has the same appearance, and the bowels have been moved several times. He may be considered, upon the whole, to be going on well.

23. Not so well, having passed a very restless night; delirious; no pain, unless much pressure is made on the abdomen; tongue the same; very thirsty; pulse 111; bowels twice discharged; the urine, which looks very well, continues to pass through the wound. An effervescing mixture was ordered.

24. The patient passed a comfortable night, and is going on very favourably; no delirium, pain, or sickness; bowels have been moved once; water still flows through the wound; thirsty.

WESTMINSTER HOSPITAL.

DISEASE OF THE KNEE-JOINT.

Samuel Manly, ætat. 12 years, of a scrofulous habit; was received into this Hospital about a year and a half ago, under the care of Mr. White. When admitted, he complained of great pain in the knee-joint; which, upon examination, appeared to be greatly swollen, and of rather a reddish hue. The pain was greatly increased when the limb was moved, or pressure made upon it. After he had been in the Hospital about a month, several small sinuses appeared, about two or three inches below the joint, and were supposed to lead into the joint itself; from which discharged a considerable quantity of pus. He remained in this state for several months, suffering the most excruciating pains, which always became worse towards night; sinuses formed at the back part of the joint. The discharge had now become of a thick consistency; his countenance indicated that his health was materially suffering. He remained in this state, until the present time; when, after a consultation among the surgeons, it was agreed that his limb should be amputated, to which he readily consented.

Operation.]

April 11. Mr. White removed the leg above the knee to-day, in the usual manner, by the circular incision; there was very little blood lost during the operation. The stump has been dressed several times, and appears to be in a very healthy condition; one of the ligatures came away on Monday last. The health of the boy is improving daily. Upon examining the limb, the joint was found to have become very nearly anchylosed, and the sinuses communicated between the condyles, at the back part of the joint.

ABUSES IN THE LONDON COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—While the proceedings of the Council of the Royal College of Surgeons in London, were under the consideration of the Committee appointed at the general meeting, and before the petition on that subject had been presented to the House of Commons, it would not, perhaps, have been prudent to offer any remarks on the conduct of that body, which now appears to have acquired two properties of matter, the attraction of cohesion, and that of gravitation. The former is manifested by the firm adherence of the Council to the regulations first complained of, and to the charter of the College, which, it is evident, they consider, enables them to promulgate with impunity, "that the only schools of anatomy, physiology, and surgery, recognised by this court, are London, Dublin, Edinburgh, Glasgow, and Aberdeen;" and this, I have not any doubt, will be admitted by your readers to be for the advantage of the said College. Precedents, however, which are supposed by some persons to justify and establish the most dangerous principles, can be referred to in support of such measures. If an example be required, the following might be afforded: "In the reign of Henry III, when the whole power of the state of England had been transferred to twenty-four barons, they ventured to propose an oath on every individual of the nation, in which the subjects were obliged to swear, under the penalty of being declared public enemies, that they would obey and execute all the regulations, both known and unknown, of these twenty-four barons, and all this for the greater glory of God, the honour of the church, the service of the king, *and the advantage of the kingdom.*" †

The manner in which this sovereign power was employed, would furnish many analogies, if the opportunities of doing mischief, in both cases, were commensurate. I shall, therefore, content myself with observing further, that these twenty-four barons did not employ their power for the reformation of the state, which was their first pretence, but for the aggrandisement of themselves and of their families. The illustration of the other property of matter, that of gravitation, will readily suggest itself to the minds of your readers.

But what, Sir, are we to understand, by the "standing orders of the Court of Examiners?" Did this Court order them standing? and are these orders comprehended under the terms,—by-laws, ordinances, rules, and constitutions? Again, if it is intended, that it should be believed, that these orders have received the sanction of time, they are, on the contrary, of recent date; or, if by standing, are to be understood lasting orders, I will venture to predict, that they will not last long. It is not my intention, however, to pretend ignorance of the real meaning of those orders; and I will proceed to show, that they will bear a construction, which will reflect the *greatest credit* on the framers of them, and tend to support the dignity of the TEN who compose this Court. For, upon reference to their own "refutation of charges publicly made," &c., may be seen the following: "It has been made a subject of complaint, that certificates of summer courses of lectures are not indiscriminately received by the Court of Examiners; that certificates are not indiscriminately received from every anatomical teacher; and that certificates of attendance on provincial hospitals, are not admitted by the Court; and such regulations have been censured as unjust *by-laws* of the College." The answer to these complaints is, "the Council have, in the first instance, to correct this error:" "*There are no by-laws on these subjects; these are the regulations of the Court of Examiners.*" Your readers will now be fully prepared to understand the true signification of the *standing orders, and also of the regulations* of this Court; a mean evasion of the words of their charter, which does not recognise the Court of Examiners, as the legislative court of the College.

The College has now, upon compulsion, favoured the House of Commons with the returns which were moved for by Mr. Warburton, on the 29th of June last; and by way, perhaps, of adding greater weight to the orders of that House, we observe, in addition, "By order of the Council of the Royal College of Surgeons in London." A slight examination of these returns will of course be most gratefully received by the Council of the College, as it will afford them the opportunity of supplying the deficiencies; for there cannot be any doubt of their being fully prepared, to render a fair statement of the particulars of their stewardship, which, however, has not yet been afforded.

After having informed that House, that the sum granted to the executors of Mr. Hunter, was *not* granted to the College, the House is next informed of the first sum which *was* granted to the College. "On the 4th of July, 1800, 15,000*l.*, for enabling the College to erect a proper and commodious building, for preserving and *extending* the collection of the late Mr. Hunter, (not of making additions to it,) and a theatre

† Hume's History of England, vol. ii.

for the delivery of public lectures on anatomy and surgery." Why not have added, and for delivering Hunterian orators of Hunterian orations. Some of the former, I consider, should be born again, in order to learn a little of midwifery, before they examine in this branch of our profession, and many of the latter should not be delivered at all. I will not complain, however, as the last was stifled in its birth! But more on midwifery subjects, as far as they regard this College, hereafter.

The next sum, the House of Commons is instructed, was also not granted to the College, but to his Majesty. "12,500*l.* to be paid to the court of assistants of the Royal College of Surgeons in London, to enable them to complete the erection of a museum and theatre, with an appropriate front, in Lincoln's Inn Fields." I conclude, therefore, as his Majesty did not subscribe anything towards the back-front in Portugal Street, that this is the reason why it is so very inconvenient, and certainly not more appropriate, than Sir William's and Sir Everard's busts in the portals of the museum. And here I cannot forbear mentioning, what will perhaps surprise many of your readers, that the latter, whom the bust represents, is not yet lost to all sense of propriety; for after having burned the Hunterian manuscripts, he is said to be ashamed of the refutation of the College.

Not content with a museum and theatre, with an appropriate front in Lincoln's Inn Fields, which might have been built for 27,500*l.*, especially as the ground had already been purchased, the College, of course, could not do anything derogatory from the dignity of its character; consequently, the next thing to be done was, to convince his Majesty and the House of Commons, that the munificence so liberally granted, was not at all required. And, in the next item, I observe, "together with the additional sum of 30,500*l.*, and upwards, from the fund of the College;" making, in the whole, 58,000*l.* There is not any person who would object to the expenditure, provided the money thus expended had not been acquired under false pretences. With the sum of 30,500*l.* in hand, and an immense revenue constantly coming in, to support the dignity of the College by begging! For my own part, I consider, if this be a specimen of the good conduct of the Council of the College, Mr. Peel must produce another memorial, to convince the House of Commons of the truth of the statement. It is reported of Horne Tooke, that when he was required by the commissioners of the property tax, to show how he contrived to maintain so large an establishment, with so small an income as that which was returned in his schedule, his answer was, that there were three ways by which it might be done; *begging, borrowing, and stealing*; but he had not the audacity to bring forward a memorial to show, that each or any one of the three, was a proof of good and honourable conduct!

—VIRGINIUS.

THE LOST PELVIS.

To the Editor of THE LANCET.

SIR,—The account of the disappearance of a most valuable pelvis, by rats, given by Mr. John Davies of Hertford, in THE LANCET, is of so very extraordinary a nature, that, in common with every one I have heard speak on the subject, I think some further explanation necessary.

Mr. Davies' statement is, that he took home the pelvis, ("the most perfect specimen of mollities ossium,") *to clean for Dr. Davis*; that he put it into a pan to macerate, and, in about a fortnight after, found that the rats had devoured the whole of it, "*except a few pieces of the hardest parts.*"

The *particulars* of this case have been, for a long time, known in the profession, and I wish, therefore, to make a few observations on *Mr. Davies's own statement*. That such a rare and valuable specimen of morbid anatomy, intrusted to his care, as a pelvis with *mollities ossium*, connected, too, with a recent midwifery case, which must have been daily the subject of conversation, should have excited so little interest in his mind, as to be thus *neglected for a fortnight*, to be devoured by the rats, must appear to every one most surprising; for Mr. Davies does not state that the rats devoured it *at one meal*. If, from such negligence, the extraordinary catastrophe (merely for sake of argument) be allowed to have occurred, what is more natural to every conscientious upright man, than *immediately to have informed his friend*, and have *produced the "few pieces of the hardest parts"* remaining of the pelvis, as proof and confirmation? I have understood that conduct, the very reverse of this, was pursued by Mr. Davies; that *after repeated applications* by Dr. Davis for the pelvis, some *months* had elapsed, when this wonderful story was given in explanation. As Mr. Davies has brought this subject before "the tribunal of the profession," as he expresses it, it is evident that the above observations must be answered, in a satisfactory manner, before any true judgment respecting it can be formed; for, if *repeated applications* were made in vain for this valuable pelvis—if these "few pieces of the hardest parts" of it remaining were *never* shown, or *offered* to be shown, *then*

there was cause sufficient for the manner in which Dr. Davis spoke respecting it.

I am, Sir, &c.

J. L. Fenner.

54, Penton Street, April 7, 1828.

BILL FOR THE REGULATION OF LUNATICS.

To the Editor of The Lancet.

Sir,—Neither the profession generally, nor those most immediately concerned, seem at all aware of the nature and provisions of a bill, to "Regulate the Care and Treatment of Insane Persons," which has been introduced into the House of Commons *sub silentio*, and having passed with some amendments, is now in the House of Peers.

At a period when applications are being made to Parliament, to provide for the means of pursuing anatomical dissections, the profession should know in what estimation they stand.

Since the Parliamentary inquiry, in 1815-16, into the state of lunatic asylums and private houses, a great many of the most respectable members of the profession, have entered upon the study of insanity, and undertaken the charge of the insane. Some have expended very large sums of money, even as high as 15,000*l.*, in rendering their establishments what the legislature, in the debates on receiving the report of that inquiry, seemed to desire and encourage.

Without any further inquiry, however, except as to the condition of the Pauper Lunatics of three parishes in one of Mr. Warburton's houses, and without knowing whether any general improvement has taken place in public or private establishments, this bill was framed. The Committee also refer to the evidence adduced in the years 1807, twenty-one years ago!! and 1815, thirteen years ago! (Vide Parl. Report, 1827.) The original bill is dated March 3. Among many other extraordinary regulations, it thus provides:—

1. The executive is to be transferred from the College of Physicians, to the Secretary of State for the Home Department.

2. Fifteen Commissioners are to be annually appointed, by the Secretary of State, for the London district, of whom *one-third* only are to be of the medical profession. And four visitors are to be annually appointed by the justices at the Quarter Sessions of every county; three to be justices, and only *one* a medical man. Neither commissioners nor visitors can act for two successive years.

3. Every certificate of lunacy is to be signed by *two* medical men, not in consultation, but on *separate* visits.

4. Every medical man, whether a proprietor, or merely attending the lunatics in a house, is to see each lunatic *daily*, ill or well, and enter such visit in a house register, together with his opinions and remedies, medical and moral; and why, and when, and how long, coercion is used in every case.

5. Every lunatic establishment, public or private, except Bethlem Hospital only, may be visited *sight* or day; the medical attendant, servants, &c., may be examined *on oath* on the spot; and if they refuse to answer any questions, they are liable, on conviction before *one* magistrate, to a fine of 50*l.*

6. A Coroner's Inquest is to be held on every patient that dies.

7. The clergyman of the parish is to have the right of visiting houses at any hour between eight in the morning, and eight in the evening.

8. If a *lunatic* desire spiritual consolation, the physician *must* allow it, or enter in the register his reasons for refusing.

9. Every discarded, or discontented, servant, is invited to become an informer, for which purpose he may be acquitted of all liabilities, from the consequences of his own guilty participation or negligence, and is to have half the penalty.

10. All prosecutions against a proprietor, if he chooses to appeal from the justice, are to be tried at the County Quarter Sessions, from which court he is to have no power of appealing; but the plaintiff may prosecute in any way, or in any court of England he pleases.

11. A medical man, who is a proprietor, is exposed, besides forfeiture of license, and pecuniary fines, to be accused and convicted on not less than eight misdemeanours, and is open to actions for damages as heretofore.

12. Finally; if he refuse, or is unable, to pay the fines and consequent expenses of prosecution, he is to be committed to the House of Correction for months, and to be kept to hard labour at the *tread mill*!!!

This bill, I have said, is amended, and some of the penal causes modified. The last enactment is altered, and the committal and tread-mill omitted. But enough remains to show, that no confidence in the medical character, or medical skill, exists in that branch of the legislature which has passed this measure.

In fact, if it pass into a law, no medical gentleman, who values his reputation, can become eitherthe proprietor of, or professional attendant on any lunatic asylum, charitable establishment, or private house; and those who now are thus engaged, must, by necessity, soon relinquish the charge.

I am, Sir, yours, &c.

Excubitor.

April 14, 1828.